

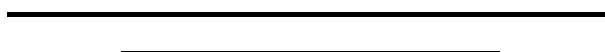
Translation of Chinese Medical Terms: A Source-Oriented Approach

N.A.R. Wiseman

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Translation of Chinese medical terms: A source-oriented approach

Volumes I & II

Volume I

Submitted by Nigel Arthur Richard Wiseman to the University of Exeter as a thesis for the degree of Doctor of Philosophy in Complementary Health Studies, May 2000.

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ABSTRACT

Despite the growth in popularity of Chinese medicine over recent decades, the westward transmission of Chinese medical knowledge continues to be hampered by a number of problems, including a low level of linguistic access to primary Chinese sources, a low level of translation, and a lack of a standardised English terminology.

Focussing on the terminological problem, the present study shows that terminological variation is not the product of chance, but reflects fundamentally different aims regarding the development of Chinese medicine in the West. On the one hand, there are those who desire to present Chinese medicine true to its own concepts and its own frame of historical reference, and on the other, those attempting to adapt Chinese medicine either to the framework of modern medicine or to that of complementary-health values. As far as translation is concerned, writers wishing to present Chinese medicine as it is and has been in China adopt a source-oriented (i.e., fairly literal) approach, while those favoring adaptation tend to adopt target-oriented (i.e., free) approaches or, being less interested in accessing the medical heritage contained in primary texts, work from secondary texts only.

On the assumption that an authentic version of Chinese medical knowledge should be made available to Westerners as a prerequisite for any adaptation, the present study presents a case for source-oriented approach that uses mostly literal equivalents. It shows that such an orientation in the translation of terms is widely recognised by translation theorists, philologists, historical linguists, and terminologists, and that it is applied for practical reasons in highly successful instances of cross-cultural transmission of knowledge. In Chinese medicine, a source-oriented approach is especially desirable, even necessary, for dealing with the fuzziness of Chinese medical concepts, and furthermore it is perfectly feasible. The proposed methodology is formulated in a minimum set of principles and expounded in detail.

Keywords: Chinese medicine; translation theory; source-oriented translation; literal translation; philological translation; term standardisation; terminology.

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CHAPTER 1

INTRODUCTION

... a good deal of what counts as normal translation is, of necessity, loan-translation. Failure to realise that this is so has encouraged the view that a higher degree of intranslatability holds among languages than is in fact the case.

John Lyons 1981: 310

1.1 PROPOSITION

Acupuncture and other forms of Chinese medicine (and the Korean and Japanese variants with which it is sometimes referred to as Oriental Medicine) have gained greatly in popularity in the West over recent decades as complements (or alternatives) to Western medicine. However, certain signs exist that the huge wealth of knowledge available to students in the Far East is not being transmitted to the West satisfactorily (Birch & Tsutani 1996). Translation work is limited and a considerable proportion of the literature currently available in English does not derive from primary Chinese sources (Birch & Tsutani 1996). Chinese medicine is presented in different ways, often highlighting different aspects. The available literature as a whole, whether translated or not, is marred by considerable variation in terminology (Wiseman 1995a: 37). The present study aims to demonstrate that a source-oriented approach to translation using largely literal equivalents that are closely pegged to the source-language terms is not only generally feasible, but also desirable, even necessary, if the original Chinese concepts are to be faithfully preserved in translation. It also aims to show that such an approach typifies comprehensive and accurate transmission of knowledge from one culture to another, and its slowness to develop in Chinese medicine is attributable to extralinguistic conditions surrounding

The technical terms of any discipline represent technical concepts. When different writers refer to concepts by different terms (or refer to different concepts by the same term), students reading the works of different writers are easily confused. Since in the field of Chinese medicine many writers do not peg the terms they use to the Chinese terms by reference to any published bilingual list of terms, those familiar with Chinese medicine through the medium of Chinese cannot always tell what concept a term refers to. In other words, it sometimes is impossible to perform the back-translation test, which is regarded as a test of good translation. Different terminologies have been proposed in bilingual lists, but none has so far been sanctioned by unanimous agreement of the English-speaking community of Chinese medicine, or by any official body.

Variable terminology may well in many cases be due to chance differences in choices of expression by different writers. Logically, though, when a given concept is referred to by two or more different terms, it is reasonable to ask whether one of these terms might be superior to any other, and, if so, by what criteria the best equivalent is chosen. Furthermore, if one term is better than another, the question also arises as to why translators have not engaged in a common effort to devise the most satisfactory terminology and encourage its general use. The only possible answer to the latter question is that either translators are unaware of any need for standardisation or their insistence on different terms reflects differences in understanding either of the concept itself or of the means by which the concept can be best understood or interpreted by the target-language recipients. I will provide evidence in this study that both these reasons apply.

As is readily discernible from the scholarly discussion of translation problems in journals and other publications and from the various terminologies that have appeared in lexicographical and general Chinese medical literature, translators are largely divided over whether or not Western medical terms should be used to represent traditional Chinese medical concepts. A classic example of this is whether 風火眼 *fēng huǒ yǎn* should be rendered unliterally as *acute conjunctivitis* (as in *CEMD* 1987) or literally as *wind-fire eye* (as in Wiseman 1995a: 56, 1998a:viii). The use of the Western medical terms is convenient, because the term is known or accessible. The use of a literal translation stresses that, although acute conjunctivitis might denote the same disease, the term reflects a different understanding of the disease from that reflected in the Chinese terms (inflammation affecting the conjunctiva; wind and fire affecting the eye). In the present study, I name these two opposing trends *source-oriented* and *target-oriented* approaches to translation.

When we probe deeper into the differences in translation approaches, we find a number of target-oriented tendencies that in one way or another allow the patterns of ex-

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pression in the target-language (TL) and the values of the TL culture—in particular, the values of the medicine of the target culture—to take precedence over those of the source-language (SL) and SL culture. Besides the use of modern medical terms, another manifestation of target-orientation lies in devising equivalents of Chinese medical terms by Graeco-Latin derivations (Lǐ Z-G 1993: 9–10; 239–252), such as *endoanemobatia* for 風氣內動 *fēng qì nèi dòng* or *hepatosplenoatacia* for 肝脾不和 *gān pí bù hé*. Here, it is the form of Western medical terms that is imposed on Chinese medical terminology. Another manifestation of target-oriented translation is a somewhat paradoxical tendency of *avoiding* terms used in Western medicine, e.g., using Pīnyīn transcription or English equivalents in uppercase initials for the internal organs, which, though physically identical with those known by the ordinary names in Western medicine, are considered to have functions other than those ascribed to them in Western medicine. It has been suggested, for example, that the kidney be called *Shen* on the grounds that Western medicine does not accord this organ the function of reproduction traditionally ascribed to it in Chinese medicine. An important feature of the concepts of source-orientation and target-orientation is that they are not purely translational or linguistic categories. Source-orientation means being faithful to the concepts of the lending culture; target-orientation means being faithful the native concepts of the receiving culture.

A natural part of the process of developing a standard terminology in a second language is proposing terms in bilingual lists or dictionaries to help the discussion of term translation. As the community gradually agrees on the most appropriate target-language equivalents, successive bilingual dictionaries will tend to converge as regards their contents and thereby become descriptive as well as prescriptive. When a body of knowledge, or knowledge corpus, is being transmitted from one language community to another, bilingual dictionaries help to establish a firm relationship between SL and TL terms and promote standardisation. In Chinese medicine, numerous bilingual lists have been published (see Bibliography, p. 318), but to this day they reflect the same dichotomy in translation trends (though in changing proportions).

Among those writing on Chinese medicine are not only translators but Westerners who apparently have no access to Chinese texts or other primary Oriental sources (Japanese, Korean). Quite a large proportion of English-language works contain no explicit statement as to the sources used in creating the text, and their bibliographies suggest that no primary texts were consulted. Furthermore, they offer no explicit statement as to which specific, if any, proposed terminology is applied. Given Westerners' general unfamiliarity with Chinese, one concludes that they were compiled from English-language

sources or from personal knowledge and experience. Such works often differ in content from Chinese-language books on the subject, reflecting a tendency to be influenced by considerations not deriving from Chinese literature. In other words, such tend to offer adaptation rather than primary-source information. Terms used in works by authors with no access to primary sources tend to be highly target-oriented and inadequately pegged to the Chinese.

In the linguistic aspects of transmission, we therefore observe not only a tendency toward target-oriented translation, but also a neglect of language as the bridge in communication. These linguistic facts reflect an absence of determination to present the contents of Chinese medicine and a drift toward adaptation. This is in some respects not surprising since Chinese medicine is a knowledge corpus of considerable vintage, which many who espouse the values of modern science believe to be in need of renovation. Indeed, the value of Chinese medicine and its role in the modern world have been a focus of discussion in both East and West. Since the founding of the People's Republic, Chinese medicine in China has undergone immense changes through the selection of rational and holistic elements (Unschuld 1985: 249–260), through efforts to tie acupuncture with the theory and practice of medicinal therapy (Flaws 1991), and through efforts to integrate Chinese medicine as a whole with Western medicine. In the West, more than a minority feels the practice of acupuncture, for instance, could dispense entirely with the traditional theories underlying its practice in the Orient (e.g., Mann 1992 vii–viii; Filshie & White 1998). Others feel it should be adapted to modern spiritual needs of Westerners (Seem & Kaplan 1989: 12; Beinfield & Korngold 1991 133–136). The abandonment of traditional explanations and procedures based on them has an early precedent in Japanese acupuncture (Birch & Felt 1999: 38–39).

This having been said, however valid the case for adaptation is, no informed discussion of what form it should take can occur until a complete and accurate picture of Chinese medicine is made available in English that is distinguishable from any adaptations that have been introduced as 'traditional Chinese medicine'. Given the limited availability of classical Chinese medical literature in English, it is fair to say that this stage has not yet been reached. Any form of Chinese medicine that cherishes a connection with its roots in a tradition that in China spans over 2,000 years requires a terminology that expresses traditional Chinese concepts in a way that reflects their original and their traditional conception. Even if one of a number of different styles of adaptation were to become mainstream in the West, it is unlikely that it could dispense entirely with Chinese medicine's historical roots in China.

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Of the two trends in translation, only source-orientation can provide an English terminology capable of conveying traditional medical knowledge from China (or other Far Eastern countries) intact, without conceptual loss, addition, or distortion. The source-oriented approach has been described most succinctly by the medical historian Paul U. Unschuld in *Approaches to Traditional Chinese Medical Literature* (1989: 100–101). Unschuld says that generic terms such as 血 *xuè*, 腦 *nǎo*, 骨 *gǔ*, 目 *mù*, 心 *xīn*, and 肺 *fèi*, which are a recognised part of human existence in all cultures, should be rendered by their everyday English equivalents *blood*, *brain*, *bone*, *eye*, *heart*, and *lung*, whereas terms reflecting culture-bound observations and concepts that are based on speculation, e.g., 臟腑 *zàng fǔ*, ‘depots and palaces’, 經絡 *jīng luò*, ‘conduits and network vessels’, and 中風 *zhòng fēng*, ‘hit by wind’, should be translated in such a way as to reflect why the original terms were chosen in Chinese. Unschuld says,

... environmental symbolism built into explanatory models of health and illness is an important precondition for the acceptance of such models as “truth”; that is, explanatory models of health and disease are plausible, first of all, because of their close correspondence to cognitive impressions man gains from daily experiences in, and observations of, his natural and social environment. Unschuld 1989a: 102

An important advantage of source-orientation is that it ensures that concepts are labelled in a way that is, in US sinologist Edward Schafer’s words, “valid for any user” (Schafer 1954). Reiterating a previous example, if we call 風火眼 *fēng huǒ yǎn* ‘acute conjunctivitis’, we have restricted the validity of the translation to those who understand Western medicine and consider Western medicine to be the greater authority in the definition of disease. While the literal translation of the term tells the reader how the disease was traditionally understood in China, the use of the Western medical equivalent hides this from us. In the context of Chinese medicine, we must bear in mind that potential users of Chinese medical texts include not only practitioners of (various forms of) Chinese medicine, but also sinologists, historians, and anthropologists, who may be more interested in the cultural background of Chinese medicine than in its practice.

“Any user,” as Schafer puts it, of course, means “any user of any time.” As has been pointed out (Unschuld 1989a:x), Andreas Cleyer in his *De pulsibus libri quattuor e sinico translati*, published in 1682, translated 陰 *yīn* and 陽 *yáng* as *humidus*, ‘damp’, and *calor*, ‘heat’, because for physicians of his time those two terms corresponded meaningfully to the Chinese notions (though inexactly). Studying Cleyer’s work in an age where damp and heat are no longer part of the conceptual framework of our indigenous medicine,

If we were to imagine Western medicine abandoning, say, the concept of inflammation, the translation of 風火眼 *fēng huǒ yǎn* as *acute conjunctivitis* would instantly lose its motivation just as *humidus* and *calor* as equivalents of yīn and yáng did when humoral pathology was abandoned in Europe.

In the present study, I aim to show that source-oriented translation approaches are not only widely recognised in various branches of linguistics, but have also been applied in highly successful knowledge transmission processes; that only a source-oriented approach can faithfully reflect the concepts of Chinese medicine; and that target-oriented approaches, while offering immediate intelligibility through the apparent familiarity of their terminology and by concealing contradictions between Chinese and Western medical theory, pay heavily for this by sacrificing the integrity of the original concepts of Chinese medicine. The present study describes a source-oriented approach in precise terms and shows how it is applied in an existing terminology. Since such a terminology has not asserted itself as the only or at least as the single most dominant approach in translation, I devote considerable space to explaining this anomaly in detail.

1.2 METHOD

A first step in the present enquiry is to survey the current body of knowledge concerning translation in search of theoretical guidance. Any consensus concerning how translation is or should be performed and, in particular, how terms are or should be translated, would potentially be of great value in the elaboration of a reasoned approach to the translation of Chinese medical terms. Here, though, a first problem is encountered because a cohesive body of thought on the questions of translation has only very recently started to emerge. In fact, translation theory has not been a single unified field, but several fields concerned with different aspects and different types of translation, some of which have neglected issues beyond their purview, in particular the translation of technical terms. The lack of clear guidance on matters of term translation has, I suggest, been a major disadvantage for the transmission of Chinese medicine, since any expert consensus in translation theory would almost certainly have provided greater direction in term translation at a critical time in the westward transmission of Chinese medicine.

In Chapter 2, therefore, I survey the various aspects of linguistics that are concerned with term translation, including linguistic theory of translation, the philological translation approach, the historical linguistic theory of borrowing, and terminological theory.

Linguistic theory of translation has paid scant attention to the question of how

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to translate ‘technical terms’, and has tended to deal only with lexical translation in a wider sense. Eugene Nida has discussed the translation of biblical terms into a variety of languages. Although he recommends what he calls dynamic equivalence in preference to a source-oriented formal equivalence, his translation of terms, as distinct from that of text, is very much source-oriented. The principle of dynamic equivalence rests on the notion of creating the same effect on the TL reader as the SL reader. This concern for the effect on the TL reader has permeated several currents in translation theory that consider text to be the prime unit of translation, and has tended to overlook the importance of term translation. Newmark, who favours a more source-oriented approach, points out that when translating certain texts, such as highly idiosyncratic creative or ancient literature we cannot be sure of the intended effect on the reader, and that in such cases, the translation must be literal (1995: 11). Mary Snell-Hornby’s integrated approach to translation barely gives terminology more than a mention (Snell-Hornby 1988/1995: 107).

Philology is the study of inscriptions and texts to understand the cultural features of ancient civilisations. Being the study of ancient languages, it naturally involves translation. Because the aim is to understand culture through text (unlike the translation theorist’s usual concern of understanding texts in a well-understood culture), the philologist’s approach to translation is highly source-oriented. The translation of Chinese medical terms falls within the scope of philological translation because of its historical nature. Although Chinese medicine has a history over two millennia and has continually evolved, it nevertheless has its roots in its formative period and the early classics of this period are still held to be authoritative to this day. These classical texts can be fully understood in translation only if they are translated in such a way as to reflect the thinking of their authors rather than superimposing upon them the conceptual framework of an alien medical system that arose 2,000 years later. The origins of Chinese medicine are still partly a matter of conjecture, and many of its concepts are speculative. Under such circumstances, anything but a source-oriented approach can potentially distort our understanding of the concepts of Chinese medicine in their all-important historical context. The fact that sinologists who have contributed to the westward transmission of Chinese medicine have not all fully realized this suggests that philological translation lacks a set of stringent and explicit rules that have been tested in practice.

Historical linguistics is completely unconcerned with the question of translation theory per se; its attention is focussed on observable facts in the development of language. Nevertheless, its observations are pertinent to translation theory. Historical linguists tell us that borrowing occurs most intensively when bilingualism and translation assume impor-

tance in language communities in close contact (Lass 1997: 190; McMahon 1994: 200). Lexical borrowing mainly takes two forms, *loans*, which are foreign words simply adopted into the language, and *loan-translations* (also called *calque*), which are terms literally translated, element by element. From the point of view of translation theory, both loans and loan-translations are source-oriented equivalents. Historical linguistics provides us with a large amount of evidence for source-oriented translation.

Lexical borrowing often serves the purpose of naming hitherto unfamiliar objects or concepts from a distant community (e.g., *banana*, *igloo*, *catamaran*). Borrowing is most intense, though, when it takes place between communities in relatively close contact, when knowledge and various facets of culture are being adopted by one community from the other, and when members of the receiving community are learning and using the language of the lending culture and performing translation. In other words, borrowing is associated with prestige accorded to the lending language and culture. In this study, I develop the notion recognised in historical linguistics that lexical borrowing (i.e., source-oriented translation) is to some extent positively correlated with prestige of the lending culture, knowledge transfer, and bilingualism. These issues have not been fully addressed by translation theorists.

The study of terminology can be seen as belonging to the wider field of the study of *language for special purposes* (LSP), loosely speaking, technical language. LSP stands in contrast to *language for general purposes* (LGP), which is the language of everyday communication and written texts that are accessible to all, without special knowledge. Terminologists study the relationship between term and concept, and the processes by which terms are formed; their main practical aim is to ensure that terms represent concepts effectively. Terminology includes no guidelines for the formation of terms in a language in which new terminology is being created. Nevertheless, loan and loan-translation are recognised as commonly used methods of term translation, especially in languages where a whole terminology is being built from scratch. Furthermore, the term-formation methods recognised by terminologists provide a framework for classifying TL equivalents in relation to the SL terms. Although LSP and terminology theorists are concerned with modern LSPs in which terminological rigour is applied, their knowledge can be usefully applied to the analysis of an ancient form of medicine such as Chinese medicine, in which terminological rigour is lacking.

These various fields—linguistic theory of translation, philological translation, historical linguistic theory of borrowing, and terminological theory—together provide the main elements of theoretical support for the present study. The historical linguistic ob-

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servations concerning borrowing between languages are the main prompt for a departure from theory into an investigation of translation practice. Since words are often borrowed with the concepts they represent, it is worthwhile investigating how much terminology is borrowed—and how much is not borrowed—in individual fields of learning that have been transmitted from one language community to another. Historical linguists here offer no useful evidence because they are interested principally in language rather than in the cross-cultural transmission of bodies of knowledge. Nevertheless, such a comparison has the potential to shed considerable light on the problems of term translation in Chinese medicine.

I undertake such a comparison in Chapter 3. I choose Western medicine as the basis of comparison because it shares with Chinese medicine the same object of concern (human health and sickness) and because it has made the same cross-cultural journey as the one Chinese medicine is now attempting, albeit in the reverse direction.

Two possible objections to this approach exist. One is that Western medicine is an unsuitable basis of comparison because it differs considerably in nature from Chinese medicine. As regards terminology, however, there are in fact many similarities between Western and Chinese medicine (as will become apparent in Chapter 5, *Nature of Chinese Medical Terminology*). In the process of comparing, important similarities and contrasts can be brought to light. Another possible objection is that an approach to translation that is practised is not necessarily the best approach to translation. Nevertheless, when a knowledge corpus (as opposed, say, to a literary work) is being transmitted from one language community to another, the test of translation quality, in text translation or term translation, lies in whether the knowledge corpus arrives at its destination intact and can be applied in its new linguistic and cultural environment just as in its source environment. In the case of the transmission of Western medical knowledge to China and Japan, where the most sophisticated elements of Western medical therapy (e.g., open-heart surgery, plastic surgery, nuclear medicine) are practised as they are in the West (as far as economic conditions permit), there can be little doubt about the quality of the services provided by bilingual mediators, that is, the translators.

My approach is to analyse the methods by which terms are translated and determine the relative frequency with which each method is used in the creation of each target-language terminology. I first perform this analysis on a small sample of early German and English equivalents of Latin medical (mostly anatomical) terminology. I then perform a similar analysis on a larger selection (nearly 1,000 terms) of Chinese equivalents of Western medical terms.

A primary distinction is made by terminologists between LGP terms (everyday words such as *head*, *chest*, *kidney*) on the one hand, and LSP-bound terms (technical terms such as *stapes*, *renal pelvis*) on the other. Categories of translation are a) LGP equivalents (e.g., *foot* for the Latin *pes*); b) loans (e.g., English *ulna* from Latin); c) loan-translations (e.g., German *Nierenbecken* for Latin *pelvis renalis*); and d) source-independent formations (e.g., German *Schlagader*, lit. ‘beating vessel’, for *arteria*). The analysis reveals the use of LGP equivalents for LGP terms and a preponderance of borrowing (loans and loan-translations) for LSP-bound terms in all three cases. It shows marked differences between the languages in the choice between loans and loan-translations, and allows the inference that source-independent formations—that is, terms in the target language whose literal meaning bears no relation to that of the source language term—are a phenomenon that occurs when loan-translation fails to produce a well-motivated term in a language in which it is the preferred method of translation.

There are several reasons why term translation should be source-oriented. First of all, loan-translation is usually feasible where loan is not. From the point view of LSP concepts, terms are far from being completely arbitrary and often reflect the relationships of a concept in a field of concepts, so that a source-oriented approach is desirable if not inevitable. Secondly, loans and loan-translations are convenient for the bilingual individuals who, as the fundamental link between source and target in the transmission process, need to be able to relate the terms of the target language to the equivalents in the source language.

Investigation of the extralinguistic background of the translation process in Western medicine shows quite clearly the suggested correlation between prestige of the lending culture, bilingualism, transfer of knowledge, and source-oriented translation. Where one language community is keen to obtain a body knowledge from another, it seeks access to the other’s language, and adopts a source-oriented approach to translation.

Demonstration of a strong source-orientation in the translation of Western medical terms into three different target languages provides, I believe, ample evidence for the validity of a source-orientation in the field of Western medicine. This evidence is a valuable practical complement to the theoretical discussion of term translation among linguists because it demonstrates the feasibility and desirability of a clearly delineated principle in the practice of translation. Although this does not necessarily mean that such an orientation is feasible or desirable for all knowledge corpora or for all languages, it does provide a basis to predict the feasibility and desirability of a source-orientation in the translation of terminology, provided the factors encouraging source-orientation in Western medical

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term translation are also found to exist in the context of the English translation of Chinese medical terms.

To show that a source-oriented, and specifically largely literal, approach to translation is valid, the same analysis needs to be performed on an existing terminology. Nevertheless, since I wish to show not only that a source-oriented approach should be feasible, but *why* it is feasible, I leave this analysis until the end of the study, and begin the treatment of the translation of Chinese medical terms from a more general perspective.

In order to gain a full grasp of the terminological issue, it is important to understand the nature of Chinese medicine and the nature of its concepts. In Chapter 4 (Outline of Chinese Medicine), I briefly describe the essential features of Chinese medicine in the historical context of their development. Any knowledge corpus, medical or other, is a part of the wider understanding of reality within the community it serves, and its internal contents and structure can be fully understood only through its relationship to this wider frame. Within the medical practices of China we can identify deterministic theory as well as purely empirical elements. In the orthodox tradition of literate physicians, these two elements are blended in a unique way. Nevertheless, theorisation in Chinese medicine is essentially speculative, and no rigorous logic ever united the speculative and the empirical, and hence no fully integrated system of knowledge ever developed. These features speak strongly in favour of a philological approach to translation.

The nature of terms in a source language has a direct bearing on how they are translated (Latin LGP and LSP terms were translated into English by different methods). Thus, in order to be able to discuss term translation issues properly, it is necessary to gain an understanding of how Chinese medical concepts are represented in Chinese. This is the subject of Chapter 5 (Nature of Chinese Medical Terminology). I begin with a brief description of the nature of the Chinese language with regard to lexical constructions. I then turn to methods of formation of Chinese medical terms, applying a model of analysis developed in modern terminology. Different term-formation categorisations have been offered in Western literature, but these differ only slightly. I offer a new categorisation that takes account of vocabulary-forming patterns of Chinese language (but that is no less applicable to Western languages than others that have been proposed).

By and large, term formation methods in Chinese medicine are highly comparable to those of modern scientific and technical terminologies (LGP terms, terminologisation, compounding, and loans, as well as combinations of these). Some distinct features are nevertheless apparent. LGP terms are numerous and many of them are used in specialised senses. As in most terminologies, metaphor abounds in Chinese medicine; but it is not

only used to name and describe entities by their formal qualities (as is notably the chief use of metaphor in Western medicine), but is also used to name and describe objects by their functions and relationships. In the latter part of Chapter 5 (5.3, Terminological Rigour), I turn to the question of how well Chinese medical terms serve their purpose of representing concepts, investigating in particular to what extent terms are self-explanatory, to what degree the terminological ideal of one-term-for-one-concept is achieved, and how explicit the definitions of terms are. The findings here are that Chinese medical terms are well motivated, but suffer from a high degree of polysemy, poor definition, and dubious synonymy. All of the special features of Chinese medical terminology have a bearing on translation.

In Chapter 6 (Transmission and Translation of Chinese Medicine), I describe the cultural and linguistic aspects of the transmission and reception of Chinese medicine as a cultural phenomenon and how this is reflected term translation trends. Since successful transmissions are characterised by cultural prestige of the source culture, recognition of the source language as the key to transmission, and source-oriented term translation, the same conditions might be expected to prevail if the westward transmission of Chinese medicine were successful. I show that the reception of Chinese medicine in the West is closely related to its being perceived as a complementary health practice, and that this perception limits the scope of interest in its contents and its cultural background, and projects onto it notions that are not central to its theory or practice. Instead of cultural prestige that fosters bilingualism and transmission of knowledge from the source, we find instead a low level of bilingualism, a tendency toward adaptation, a low level of translation activity, and various tendencies toward target-oriented translation.

Under such conditions of low contact and interaction between the source and target community, we would not expect much borrowing to take place, either in the form of loans or loan-translations. In the second part of Chapter 6 (6.2, Approaches to Chinese Medical Term Translation), I compare eight writers' proposed equivalents for 65 basic terms, showing a number of different trends in the use of Pīnyīn transcriptions, Latin equivalents, and loan-equivalents that support the notion that Chinese medical term translation is excessively target-oriented.

In Chapter 7 (Proposed Methodology of Term Translation), I present the methodology for source-oriented translation of Chinese medical terms. I begin by evaluating the two options in source-oriented translation, loan (in the form of transcription) and loan-translation, and argue that although Pīnyīn is a good last resort in translation and a useful cross reference, it cannot be used on any large scale because it is essentially opaque. I

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then outline principles of translation designed to produce a maximally source-oriented terminology that is based on LGP equivalents and loan-translations and conforms to rules of English grammar. I discuss basic notions of the methodology such as motivating sense, semantic translation, the unit of translation, the need to preserve LGP equivalence, and preservation of conceptual unity. I then go on to explain the practical application of the principles for the translation of LGP terms, and terms used in extended (mostly metaphorical) senses. I pay specific attention to determining what Western medical terms can be applied in Chinese medicine without undermining the conceptual fabric of the latter. I offer procedures for narrowing down the choice of TL terms, such as comparative componential analysis, and describe the conditions under which semantic translation can be dispensed with. Finally, I address the need to keep the number of equivalents for each term or each term element to a minimum.

In Chapter 8 (Success of Source-Oriented Translation in the Proposed Terminology), using the same procedure as applied to Western medical terminology in Chapter 3, I determine the extent to which source-oriented translation is achieved in a terminology created in accordance with the stated principles. Of course, if such a terminology were purely experimental, such an analysis might have little value. The terminology in question is taken from a Chinese-English database of Chinese medical terms that I began nearly 20 years ago, which has not only been continually expanded, but also revised to increase the overall degree of source-orientation as far as possible. This database has been used to produce three lexicographical works (Wiseman & Boss 1990, Wiseman 1995a, and Wiseman & Féng 1998a), and has been used in the translation of modern texts and classical texts, by myself and by a growing number of independent authors. It has been adopted as the preferred terminology of Paradigm Publications and of Blue Poppy Publications. No English terminology has been professionally or officially sanctioned, and the one presented here represents an increasingly important trend competing in the chaos of nonstandardisation (see p. 199). The aim of this analysis is not to judge the acceptance or acceptability of the proposed terminology, but to demonstrate only that source-orientation is feasible.

The analysis of the proposed terminology reveals that LGP equivalents, loans, and loan-translation, account for the vast majority of terms. Indeed, the percentage is considerably higher than in Western medicine. The reason for this is a greater desirability of source-oriented translation prompted by the poor division between word and concept in Chinese medicine.

1.3 SIGNIFICANCE AND LIMITATIONS

The present thesis is an interdisciplinary study spanning medicine, translation theory, and historical linguistics. It offers nothing significantly new in the understanding of any of these fields. It merely attempts to tie existing ideas together to explain translation issues in the context of the cross-cultural transmission of knowledge. While it may provide some insights for translation theorists and historical linguists, it is essentially directed at the people in both the East and the West who are concerned with the westward transmission of Chinese medicine in both East and West, and at those in the West involved in the development and practice of Chinese medicine. It is this latter group that apparently has, I suggest, the least grasp of the linguistic and cultural issues surrounding the transmission of knowledge.

The significance of the present study is twofold. Firstly, it provides guidelines for the westward transmission of Chinese medicine. It not only offers a rational method of terminological translation, but underscores the importance of language as the vehicle of knowledge, the advantage for Westerners in learning Chinese, and the need to peg equivalents to the original terms. It also highlights the dangers of conceptual distortion arising from target-oriented translation. Furthermore, it shows how extralinguistic factors influence transmission.

Secondly, as regards translation theory, it offers arguments for the recently neglected role of source-oriented translation in an area of overlap between the philological realm and the LSP realm. In the context of efforts to establish a comprehensive theory of translation based on the notion of varying approaches for different text typologies, it provides an example of a methodology for source-oriented translation catering to the specific needs of the subject matter, and, importantly, ties in with extralinguistic factors influencing translation. The fate of the westward transmission of Chinese medicine is dependent upon many extralinguistic factors. Any of the possible future outcomes should be intelligible in terms of the laws of linguistic and cultural interaction.

Certain limitations are inevitable. Firstly, the present study demonstrates the validity of source-oriented term translation; it proposes equivalents but does not claim them to be the only possible accurate choices. Secondly, since terms can only become standard when they are accepted by users, it would be valuable to rate acceptability of the proposed terminology among students. This, however, would be a hard task because it is not easy to isolate terminology from other problems of transmission. A feature of target-

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oriented translation is that it conflates concepts and destroys terminological nuances, so that to ask students if terms produced by a source-oriented approach were acceptable to them, would, in many cases, be to ask whether they liked terms for concepts with which they were unfamiliar. A study attempting to compare how much and how fast students learn from texts applying different terminologies would be a major task that cannot be accomplished in the framework of the present study.

1.4 NOTE TO USERS

The back matter includes a complete bibliography of cited works, four indexes (a Pīnyīn index of Chinese medical terms; an English index of Chinese medical terms; a subject index; and a names index), in addition to four appendices containing the raw data of studies and a glossary of linguistic terms used in the present study.

Copious examples are provided throughout the text. Unattested or unacceptable forms are marked with an asterisk (*) before them. Examples given between paragraphs are numbered consecutively.

References to dictionaries cited in the text are expressed in abbreviations of English or Pīnyīn title followed by the date of publication (e.g., 1987 *CEMD*, *Chinese-English Medical Dictionary*; 1995 *ZD*, *Zhōngyī Dàcídiǎn*). In the bibliography (p. 302), Chinese medical dictionaries are listed in order of date of publication.

CHAPTER 2

TRANSLATION AND TERMINOLOGICAL THEORY

When trying to establish a methodology for the translation of LSP terms, a first step is to review current linguistic theories concerning the translation of terms. A large body of literature has accumulated on these subject of translation, but a comprehensive theory of translation is only beginning to emerge. The issues raised by translation bring to light certain discontinuities among the branches of linguistics. In order to understand the issues surrounding the translation of Chinese medical terms, we must understand something of the trends in translation theory, the theory of borrowing, and terminological theory.

2.1 TRANSLATION THEORY

The present section begins with a sketch of translation in the Western and Chinese worlds in order to show to what purposes translation has been put to and the importance of translation in cultural interaction. I then describe thought on translation in these two cultural areas, and point out various trends in translation theory that have developed over recent decades, in linguistic, literary, and philological or anthropological approaches to translation.

2.1.1 HISTORICAL IMPORTANCE OF TRANSLATION

The earliest traces of translation we know of date from 3000 B.C. inscriptions in two languages of Egypt, and the clay tablets inscribed with Sumerian and Akkadian word-lists. In Europe, the first records of translation are associated with the transmission of Greek culture to Rome. The first known translation is Livius Andronicus's translation of Homer's *Odyssey* into Latin, which began a long tradition in Greek-Latin translation centering around literary works, but also including philosophy, medical and pharmacological translation (Kelly 1998: 496).

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With the rise of Christianity, translation of the Holy Scriptures came to dominate translation activity in Europe. Translation has been of great importance not only in the transmission of Christianity, but also in its development, since the *textus receptus* of the Bible is composed of texts in Hebrew, Aramaic, and Greek. In the 4th century B.C., Armenian texts were translated into Hebrew to form part of the Bible. In the third and second centuries B.C., the Hebrew Scriptures were translated into Greek to form the *Septuagint*. The Old Testament was translated from Hebrew into Greek by Aquila in A.D. 200 and the Old and New Testaments were translated from Greek into Latin by St. Jerome in A.D. 384 to form the *Vulgate*. In the 16th century, the Bible was first translated into German by Luther in 1522 and into English by Tyndale in 1525–6.

The Arabic tradition is an important chapter in the history of translation. Islam has always considered the Qur'ān to be God's immutable, inimitable Word and discouraged its translation (Mustapha 1998: 201). In their fervour to spread Islam, the Arabs were nevertheless keen to absorb all nonreligious learning from those they subjugated and on whom they imposed their language. The Arabic tradition is characterised by translation from a wide variety of languages into Arabic, on a wide variety of subjects including mathematics, astronomy, logic, medicine, chemistry, and politics (excluding not only religious texts, but also literary texts, which often alluded to religious concepts) (Baker 1998: 316–324). Moreover, the Arabic tradition forms an important leaf in the history of translation and of the transmission of knowledge in the West. In the 9th and 10th centuries, numerous Greek texts were translated into Arabic (Pym 1998: 552–553), and in the 12th century many Syrian and Arabic versions of Greek texts were translated into Latin in Toledo (Pym 1995:553).

Translation of Greek texts from Arabic stimulated direct translation from Greek into Latin. In the 15th century, large numbers of Greek works were translated directly from Greek into Latin, and by 1600, practically the whole of Greek science and medicine had been translated into Latin. In the meantime, translation between Latin and the vernaculars had also started. With the eventual decline of Latin after the mid-18th century, translation from Greek and Latin into the vernaculars began to dominate over translation into Latin.

In China, translation has never played such an important role as in the West. Within the Hànn world, the need for written translation has never been great. Linguistically, China is divided geographically into dialects and can be divided diachronically into different stages. Nevertheless, although some of the dialects are not mutually intelligible in speech, and although the Chinese language and its dialects have continually evolved in time, the written language has always been highly unified; furthermore, being largely logographic,

it allows readers access to texts much older than do phonetic scripts such as the Roman. By comparison, Europe, covering a geographical area only slightly larger than China, has numerous mutually unintelligible languages belonging to different families and their branches. The problems of interlingual communication in China cannot be compared with those of the linguistically much more complex European area. Greece, nevertheless, is partially comparable with China. The world of ancient Greece, like that of China, had one language as its universal koine, and the Greek language like, the Chinese (though to a lesser extent), has preserved linguistic access to the literature of antiquity because it has evolved more slowly than other languages (Connolly & Bacopoulou-Halls 1998: 428). As Tán Zǎi-Xǐ points out (1999), translation in China was always centered around Chinese, while translation in the West involved translation between numerous different languages. In China, translation has been largely concentrated in two periods of cultural contact, that of the reception of Buddhism principally from the 2nd to the 10th century, and that of the reception of Western culture principally over the last one and half centuries. In the West, translation has been of consistent importance in cultural development ever since antiquity (Tán Z-X 1999), mediating between various cultural centers.

In China, translation had taken place in classical antiquity. In the Spring and Autumn and the Warring Kingdoms Periods (8th–3rd century B.C.), at least two texts are known to have been translated from other languages, the *Yuè Rén Gē* (越人歌) and *Cāng Làng Gē* (滄浪歌). The *Zhōu Lǐ* (周禮) of the Warring States Period mentions officials conversant with foreign languages called 象胥 *xiàng xū*. It was not until the advent of Buddhism, though, that translation provided a vehicle for the mass importation of a foreign cultural product. Translation of Buddhist texts into Chinese began in the 2nd century. Under the Eastern Hàn emperors Huán Dì (桓帝) and Líng Dì (靈帝), over 30 Buddhist texts were translated by Ān Shì-Gāo (安世高) at Luò Yáng (洛陽). Translation of Buddhist texts continued in the 3rd and 4th centuries. From the 7th to the 11th centuries, numerous Tibetan Buddhist texts were translated into Chinese. In the 10th century, texts on astronomy, calendrical science, medicine, and linguistics were also translated.

In the 17th century, at the beginning of the Qīng Dynasty, Matteo Ricci (Lì Mǎ-Dòu 利瑪竇, 1552–1610), Xú Guāng-Qǐ (徐光啓), Lǐ Zhī-Zào (李之藻), and others made the first translations between Latin and Chinese. They translated into Chinese the Bible as well as books on astronomy, calendrical science, physics, geography, mathematics, medicine, music, philosophy, painting, architecture, and mining. Ricci also translated the *Sì Shū* (四書, “The Four Books”) into Latin.

In the 19th century, the growing Western economic influence in China gave rise

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to intense translation geared to gaining access to all realms of Western knowledge and thought. Through translation, China has not only gained access to large proportions of Western literature, but has also successfully adopted the vast bulk of the West's scientific and technological knowledge. At the same time, there has been modest traffic in the opposite direction. In the 19th century, James Legge produced the first major English translations of the *Sì Shū* (四書, "The Four Books"), *Wǔ Jīng* (五經, "The Five Classics"), *Lǎo Zǐ* (老子), *Zhuāng Zǐ* (莊子), and other texts. Through the work of Richard Wilhelm, Arthur Waley, Marcel Granet, and many others, the West has gained an understanding of Chinese literature, philosophy, and culture. Furthermore, through the pioneering work of Joseph Needham, China's traditional scientific and technological achievements have been opened up as an international field of investigation.

The twentieth century has been characterised as the 'age of translation' (Jumpelt 1961, quoted in Newmark 1995). The publishing figures show remarkable differences between countries (Hale 1998). The general trend is that countries with high book production, the percentage of translated books is much lower than in countries with low book production. Hale (1998: 190) compares the UK, which in 1991 produced 67,628 books, of which only 3% were translated, with Portugal, which in the same year produced only 6,430 books, of which 44% were translated. Other countries fall between these two poles, e.g., Spain (43,896 books; 24% translated), France (39,525 books; 18% translated), and Italy (40,487 books; 26% translated). English is overwhelmingly the principal source of translation. Translation is of vital importance in the transmission of technical knowledge, the profession of translator being coextensive with the rise of technology (Newmark 1988: 151), and technical translation is the main fare of professional translators (Snell-Hornby 1988/1995: 33). Although literary translation is poorly paid, the economic value of translation in the technical realm is now clearly understood (Fluck 1985: 135).

2.1.2 HISTORY OF TRANSLATION THEORY

Communication between speech-communities is not always the result of any process of translation. Simple, but immensely revolutionary technologies, such as fire-making, the wheel, the stirrup, even writing or printing, were probably acquired by new communities merely through observation. Even where translation is required in communication, it is usually not the only mode of communication. In the transmission of knowledge systems from one language community to another, translation of text is only part of a wider process of interaction based on bilingualism (see 2.2, Contact Between Languages).

theory. Those who speak more than one language naturally have access to more than one culture (Pennycook 1994: 25), and by this token have, to a greater or lesser degree, the ability to make what they hear or read in one language intelligible in another. Although each language maps the unique perception of reality of the community that speaks it, the ability to speak (and write) more than one language implies acquaintance with the culture of each, and hence an ability to relate one language-culture to another (Lyons 1981: 322–329). There is therefore reason to believe that the ability to translate is a kind of procedural knowledge (as opposed to factual knowledge), i.e., knowledge about how to do something that individuals may be able to demonstrate but are usually hard pressed to explain verbally (Bell 1991: 284). The absence of translation theory does not necessarily mean bad translation.

Despite its overwhelming importance in the communication of human thought, comparatively little has been written on the subject of translation (Newmark 1995: 4). Theorising about translation has, since its known beginnings, been for the most part concerned with the problems of translating religious and literary texts. This is hardly surprising because such texts are not always easily understood by the native reader, and the interpretation of them may even be the preserve of authoritative experts. Although scientific translation accounted for a sizeable proportion of translation before the modern era, those performing it have, as far as I know, left no record of any principles that may have guided them.

In the West, ever since antiquity, most translators commenting on their activity have spoken in terms of the dichotomy of expressing the literal meaning of the SL words or the sense they convey. For the most part, they have been in favour of translating the sense. Cicero's *non verbum de verbo, sed sensum exprimere de sensu* was taken up by Horace after him, and has been repeated by translators generation after generation. Bible translators such as St. Jerome (400) and Luther (1530) favoured colloquial and natural renderings. In the 19th century, Schleiermacher (1813), Humboldt (1816), Goethe (1826), and Nietzsche (1882) all articulated the case for a more literal approach to translation. Friedrich Schleiermacher notably stated the view that by choosing a free or literal approach, the translator could achieve different results: "Either the translator leaves the author in peace and moves the reader towards him, or he leaves the reader in peace and adapts the author." Schleiermacher favoured the former approach, and in the twentieth century, support for a similarly literal approach to translation found a voice in Walter Benjamin (1923), José Ortega y Gasset (1937), and Vladimir Nabokov (1955: 127–143).

In actual practice, translation has varied considerably between the free and literal.

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The earliest surviving translations from Greek into Latin were literal (Robinson 1998), possibly out of some naive notion of equivalence between languages. Cicero and Horace were the first to speak in favour of translating sense for sense rather than word for word, allowing translation to be guided by aesthetic criteria rather than notions of fidelity. They felt that translation could enhance their own language and literature. Later monks studying the Latin Bible took a far more literal approach when they developed the practice of interlinear translation in their mother tongue beneath each line of the Latin text (Bassnett 1991: 50). Nevertheless, in the Middle Ages as in Rome, many readers had access to the original text, so the translation served merely as a parallel. It was only as the second millennium progressed that translation more frequently came to stand in the stead of the original. Though Latin remained the language of the Church scholarship and diplomacy, the invention of printing brought education to growing sectors of the population who did not have a strong command of Latin. With this, a need was perceived for vernacular translations of the Bible that would allow a wider readership access to the Holy Word. In this way, translation came to be virtually the sole vehicle for the original message.

As the vernaculars took over from Latin, they had to be refined into vehicles appropriate for literary, scientific, and academic expression. Intensive translation from Greek and Latin into the vernacular unleashed by renewed interest in the artistic, scientific, and philosophical heritage of Greece and Rome, infused the vernaculars with the influence of Latin and Greek. However, as the vernaculars matured, so they also tended to resist influence. In France, there was a notable swing from source-orientation in the 16th century to target-orientation in the 17th and 18th centuries. The free translations of the latter period are often called *les belles infidèles*, reflecting the precedence of French aesthetic values over the form and content of the original (Salama-Carr 1998). This swing is certainly not typical of all translation traditions. A belief that SL texts could be accommodated in the TL by deviating from established norms was powerfully asserted in Germany in 19th century, notably by Friedrich Schleiermacher. Here, though, the notion was that the target language could be enriched by attempting to reproduce the form and content of the original more closely. Nevertheless, target-orientation is a tendency that is inherent in the maturation of a language and its literary *acquis*. In Britain, target-oriented approaches increased in force in the second half of the 19th century (Ellis & Oakley-Brown 1998). Edward Fitzgerald and Robert Graves are notable examples (Venuti 1995: 188–189; 30–38).

In China, translators before the modern era were mainly concerned with the transmission of Buddhist literature. In the year 224, the Parthian monk Parthamasiris (Zhī Lián

支謙) completed the first Chinese translation of a Buddhist Sutra. In the introduction, he explains that his command of Chinese was too poor to permit him to write elegantly, but that the message Buddhism was best presented without literary adornment anyway (Hú G-Z 1994: 39). His translation apparently triggered a debate on literary style (文麗 *wén lì*) and plain style (質樸 *zhì pú*) in translation (Tán Z-X 1998). In this early period, translation was performed by teamwork with a foreign monk, who usually knew little or no Chinese, explaining the text, one or more interpreters who knew both languages, and a Chinese monk who recorded the result in writing. Large audiences also assisted with the finalisation of the text. The result was usually a highly literal translation preserving much of the original syntax, that was difficult to understand (Hung & Pollard 1998). A second phase in Buddhist translation was characterised by prominent foreign monks who had learned Chinese officiating over translation teams that were much larger than before. One of the most productive translators of time was Kuramajiva (鳩摩羅什 *Jiū Mó Luó Shí* A.D. 344–413), who pioneered a new approach that produced a much freer and more intelligible translation. In the Suí Period, Yàn Zōng (彥琮 A.D. 557–610) established eight requirements (八備 *bā bèi*) for a translator, which stressed moral virtue and commitment to Buddhism over translational skill. In a third phase, the translation forums were drastically reduced in size, as translation became the work of smaller groups of scholars who were now better versed in the language and thought of the original texts. A major translator of the time, Xuán Zhuāng (玄奘 A.D. 604–664), rendered over 1,300 volumes of sutras in Chinese. He prescribed five situations in which transcription should be used (五不翻 *wǔ bù fān*): secret terms; polysemous terms; lack of a word; convention; beneficence (Hú G-Z 1994: 42). In the 8th century, Tibetan translators translating Sanskrit texts into Tibetan were instructed to translate terms consistently, to keep to the Sanskrit word order unless this obscured meaning, and to reserve transcription for polysemous terms that could not be represented in Tibetan by a single term in all contexts and for the names of places, animals, and plants (which nevertheless should be marked as such) (Hú G-Z 1994: 42–43).

Buddhist translation gave rise to a Chinese terminology that included by both loans and literal translations, as the examples given below show. However, some terms devised in the reception of Buddhism that gained a wider currency: notably 過去 *guò qù*, 現在 *xiàn zài*, and 未來 *wèi lái*, ‘past’, ‘present’, and ‘future’.

Loans

- | | |
|---------------------------------|--|
| 1. 佛 <i>fó</i> , Buddha | 3. 禪 <i>chán</i> , Zen, Sanskrit <i>dhyāna</i> |
| 2. 菩薩 <i>pú sà</i> , Bodhisatva | 4. 阿彌陀佛 <i>ā mí tuó fó</i> , Amitabha |
| | 5. 涅槃 <i>niè pán</i> , Nirvana |

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Translations

- | | |
|--|---|
| 6. 因果 <i>yīn guǒ</i> , karma | 8. 輪迴 <i>lún huí</i> , samsara |
| 7. 佛法 <i>fó fǎ</i> , dharma, 達摩 <i>dá mó</i> | 9. 大乘 <i>dà shèng</i> , Mahayana |
| | 10. 三寶 <i>sān bǎo</i> , Triratna (Three Jewels) |

As stated in 2.1.1 (Historical Importance of Translation), contacts between China and the West began to intensify in the 17th century. At that time, the Chinese attitude was one of curiosity. Toward the middle of the 19th century, however, curiosity for foreign knowledge changed into necessity as China found itself to be barely any match for the European powers which were increasingly dominating trade in the country, and that in order to hold their own they would have to master the foreigners' arts. In 1862, a College of Languages (通文館 *tōng wén guǎn*) was established in Peking offering an eight-year course in English and other Western languages and the natural and social sciences. The aim was to train people for the diplomatic service and for the translation of legal, political, and scientific literature. In 1865, the Jiāngnán Arsenal established a translation bureau in Shanghai that was to complement and rival the Peking College of Languages. Both institutions employed foreign experts with a knowledge of Chinese.

Interestingly, in this period we find indications of term-selection procedures in LSP translation. A translator at the Jiāngnán Arsenal tells how checks would be made to see if a term was to be found in existing literature or trade circles. If no equivalent was to be found, one was devised, either by designing a new character or borrowing a disused one, by coining a descriptive term, or by transcribing the SL into Chinese (Hung & Pollard 1998).

In the period of the reception of Western knowledge, when for the first time translators had access to Western thoughts on translation as well as their own, many translators commented on the art of translation. Yán Fù (嚴復 1853–1921) spoke of the triple need for fidelity, communicability, and elegance (信、達、雅 *xìn、dá、yá*). Lǚ Xùn (魯迅) stated a Nabokovian preference for fidelity over fluency (寧信而不順 *níng xìn ér bù shùn*), while Fù Léi (傅雷) felt that the translation should resemble the original in spirit (神似 *shén sì*) rather than in form (形似 *xíng sì*) (Hung & Pollard 1998). These views fail to capture the reality of development of translation in practice. In the 19th and 20th centuries, in the first phase of massive European impact, China attempted to assimilate literature to its own classical forms before later developing a new vernacular-based written language that naturally was more receptive to foreign influence (Hung & Pollard 1998). A similar trend is noted in Japan (Kondo & Wakabayashi 1998).

Although it is not necessary to examine the Japanese tradition of translation in de-

tail, it seems fitting in the history of approaches to translation to mention the ‘half translation’ that was made possible in Japan by the adoption of Chinese writing. The Japanese soon developed a method, known as the *kambun kundoku* (漢文訓讀), of marking a Chinese text so that it could be read in Japanese word order and with Japanese inflections. It was by this method that from the Táng Dynasty onward the Japanese absorbed the learning of China (Kondo & Wakabayashi 1998). Even when indigenous scripts came to be used, specific terms continued to be represented in *kanji* (漢字, Chinese characters). Although this kind of translation was traditionally unknown in Europe because of the phonetic scripts used by its languages, it nevertheless compares very strongly with interlinear Bible translation.

The Chinese and Japanese traditions are instructive because the appropriation of the products of distant cultures and totally unrelated languages (Buddhist thought, Western learning) have played a salient role in them. The Western tradition presents a more motley picture because translation in the West has largely taken place between related languages and related cultures whose relative influence has constantly been shifting. Nevertheless, it may be possible to discern a general trend in the East as in the West. In the initial stages of contact, translation, under any conditions, can be highly literal, as translators, as it were, find their legs. Generally, though, the approach to translation varies in accordance with the relative power of expression and the relative strength of the literary traditions of the SL and TL. Languages that have weak traditions tend to adopt a source-oriented approach. This is particularly so where the receiving community has no script and borrows it from the other community (as in *kambun kundoku* and interlinear Bible translation). Languages with a strong tradition evince a stronger tendency toward target-oriented translation (typically, *les belles infidèles*). The language of an old culture facing a more vigorous stronger culture tends to move from target-oriented to source-oriented translation as the foreign culture is gradually appropriated (e.g., Chinese and Japanese translation from European languages).

2.1.3 RECENT TRENDS

The task of developing a comprehensive integrated theory of translation is immense. Translation is effectively coextensive with the use of language. Every kind of act of speech and writing at some time has to be translated into a foreign language for one reason or another. Since translation is the recreation of SL utterances in the TL, the theoretical explanation of the processes involved in translation has close affinities to the theoretical explanation of language as a whole. And we are still quite a distance from a comprehen-

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including Ortega y Gasset (1937), Octavio Paz (1971), George Steiner (1975: 248–311), and Peter Newmark (1995: 100), have concluded that it would be difficult, if not impossible to establish any scientific theory of translation. As Paz put it (Paz 1971: 157), “There is no such thing—nor can there be—as a science of translation although translation can and should be studied scientifically.” George Steiner put it (Steiner 1975: 256), “*L'intraducibilità* is the life of speech.” A spirit of optimism about a comprehensive theory is elsewhere present notably in Bell (1991: xv–xx), Snell-Hornby (1995:), and Baker (1992). Nevertheless, it would also seem that those concerned with the theory of translation hail from distinct disciplines and often recognise only the limited requirements of their own field (Snell-Hornby 1998/1995: 14; Baker 1998: 280).

Thought concerning translation from the middle of this century onward has been typified by the application of knowledge from linguistics and other fields and by extension of interest beyond the traditional realms of religious and literary translation to virtually all applications of human language. Translation theory has been increasingly informed by spoken discourse, general writing, journalism, legal texts, public notices, directives, reports, scientific writing, and advertising. Bible translation has provided huge impetus to translation theory notably through the figure of Eugene Nida. Literary translation continues to hold a major role.

The rise of modern linguistics has brought new insights into the question of how to translate that have largely dispelled the stalemate in the literal-versus-free debate. An increasingly clear understanding of the various aspects of meaning of a text has enabled translation theorists to understand what is lost, what is gained, and what is changed when different approaches to translation are applied. As Jumpelt put it:

It is axiomatic that some feature of a given text in a given language cannot be reproduced in another language, or, to adopt Ortega y Gasset's formula, one cannot always approximate all the *dimensions* of the original at the same time. It follows that some features of the original must take precedence over other, i.e., some must be considered *relatively* more important than others. Just how important these features are involves decisions that often tax the skill and experience of a translator. Each decision involves a distinction between alternatives, and in order to distinguish objectively criteria are needed.

The principle has gained acceptance that each *mode* of translation (literary, technical, etc.) is governed by a set of (specific) criteria which depend on the *type* of text, such criteria being in turn conditioned by the *ends* to which translations are prepared.

(Jumpelt 1963: 268–269)

Jumpelt's formulation typifies the directions taken in linguistic theories of translation since that time. His statement implies that something is always lost or changed in the translation process, so that the translator, rather than aiming for a perfect translation, must establish his priorities concerning which aspect of the text must come out clearly in translation. Different kinds of texts and different purposes of translation call for different methods of translation. This view of the translation problem is probably acceptable to all modern theorists.

2.1.3.1 Toward a Linguistic Description of Translation

Since World War II, attempts have been made to describe the problems and processes of translation in linguistic theory. The early pioneers were Fedorov (1953), Nida (1964), and Catford (1965). In the English-speaking world, the most influential figure in this endeavour has been Eugene Nida, who began publishing his thought on translation in the 1940s. Nida's approach to translation, formulated in *Toward a Science of Translating* (1964), brings a wealth of contemporary linguistic theory to bear on the subject, in addition to an impressive array of illustrative examples from experience in translating the Bible into a large number of languages. As Newmark has commented (1995: 9), Nida has discussed almost every translation problem and incorporates a vast amount of linguistic theory in his scheme, including transformational grammar, componential analysis, and discourse analysis. He draws his examples from a wide variety of different languages and cultures.

In *Toward a Science of Translating*, Nida explains in great detail the nature of the basic problem of translation, nonequivalence between languages in terms of the different way in which languages map reality. He describes how the hierarchical structure of vocabulary differs from one language to another and how words occur in different collocations. He also discusses words used in idiomatic or what he calls *exocentric* senses, and how words convey different emotive meanings. His linguistic and communicative approach has been successfully developed by numerous scholars since.

One of the early trends in translation in the modern period has been to try to redefine equivalence. Nida's view gained acceptance on the one hand because he incorporated Chomskyan notions of a universal grammar, and on the other because his concept of equivalence is based on the considerably older notion that the translator should produce the same *effect* on his own readers as the SL author produced on the original readers (even though such a notion is empirically hard to prove). Nida makes a distinction between what he calls *formal equivalence*, which aims at the closest possible match of form and content between the SL text and TL text, and what he calls *dynamic equivalence*, which aims at equivalence of effect on the reader of the TL text. Nida admits that both approaches are

valid for specific purposes, but concludes that dynamic-equivalence translation is overwhelmingly more appropriate as a general approach since it allows for adaptation to the TL language and culture that ensure clearer transmission of the essential meaning of the SL text.

2.1.3.2 Text Linguistics, Discourse Analysis, and Pragmatics

Text linguistics reflects a growing interest in the text as a whole, and breaks away from the traditional linguistic concern with lexis, clauses, and sentences, and focuses on larger units of expression (a book or notice). The text is understood as a complex multidimensional structure that is more than the sum of its parts. Text linguistics draws on pragmatics, which studies the factors that govern the speaker's choice of language in social interaction, and discourse analysis, which focuses on the expression in the context of communicative dialogue. Pragmatics and discourse analysis emphasise the importance of the communicative situation and the cultural background of a given text. The application of text linguistics to translation problems makes use of contrastive textology, whereby similar texts in different languages are contrasted in order to evaluate differences in the many different aspects of texts (register, discoursal features). It assumes that analysis of the whole text is necessary for all aspects of the message of the text to be conveyed in translation.

As Fawcett (1998) has pointed out, it is now broadly agreed that any comprehensive understanding of translation processes requires the text linguistic register analysis (tenor, mode, domain/field), and pragmatic analysis (speech acts, Gricean principles), as is to be seen in the work of Hatim & Mason (1990: 36–54), Bell (1991: 161–197), and Baker (1992: 16; 119–260).

2.1.3.3 Skopos Theory

Skopos theory, which developed in Germany in the late 1970s (Vermeer 1978), reflects a new development in the general shift from predominantly linguistic and formal translation theories to a more functionally and socioculturally oriented concept of translation (Schäffner 1998). *Skopos* theory, which draws inspiration from text linguistics, arose as translation theorists began to focus increasingly on nonliterary text types such as academic papers, instructions for use, tourist guides, contracts, etc., where the contextual factors surrounding the translation could not be ignored, such factors including the culture of the intended readers of the TL and the client commissioning it. *Skopos* refers to the purpose or function of the text. Human action is determined by its purpose, so that the translation process should not be determined by the source text or its effects on the

source text recipient or the function assigned to it by the author, but rather by the prospective function or *skopos* that the text is supposed to have in the target language. The *skopos* of the target text may be the same as that of the source text (*Funktionskonstanz*), or it may differ (*Funktionsänderung*).

By according the target text its own function distinct from that of the source text, the target text is raised to equal status with the source text. It is on this account that *skopos* theory has been mainly criticised since it sets no clear limit on what may legitimately be called translation as opposed to, for example, adaptation (Schäffner 1998).

The bias toward the target text seen in the work of Reiss, Vermeer, and others has to some extent been corrected by Christiane Nord (e.g., 1997), who emphasises the importance of a dual functional typology of translation—documentary and instrumental. *Documentary translation* usually “has a metatextual function, informing the target reader about certain aspects of the original text and its communicative situation.” It tends to be literal, reproducing the text for the target reader. Where footnotes and glossaries are added to give the target reader access to the source world, this is called a philological or learned translation. Documentary translation sometimes involves *exoticisation*, i.e., the introduction in the TL text of expressions that have an exotic ring for (hence a special effect on) the TL reader that the original expressions do not have for the SL reader. While a documentary translation advertises itself as a reproduction of a certain original text, an *instrumental translation* functions as an original text in the target language. Given that it has different receivers than the SL text, it may be necessary for it to perform a different function. Instead of fidelity to the texts and their surface structures, Nord proposes the concept of loyalty by which the translator commits him or herself bilaterally to the source and the target side.

2.1.3.4 Literary Translation

Creative literature was the dominant field of translation from the Renaissance up to the modern era. Although investigation of translation issues has now been appropriated by applied linguistics, it continues to be an important element of comparative literature.

One of the characteristics of creative literature is that form cannot be separated from the content. Consequently, the ideal of literary translation is to reflect both form and content in the TL—an ideal that can only ever be partially achieved—and that the search for prescriptive rules for translation is futile. Central to the polysystem theory pioneered by the Israeli scholar Itamar Even-Zohar in the early 1970s and further developed by Gideon Toury is that translation into languages with strong and mature literatures

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(English, French, Russian) is more target-oriented than translation into languages with emerging or weak literatures (developing nations, nations in crisis). This naturally carries the implication that tendencies in translation approaches vary in accordance with extralinguistic factors, and should therefore not be judged by prescriptive principles (Shuttleworth 1998). It is in the same vein as Even-Zohar that literary translation theorists in Europe similarly recognise the impossibility of achieving any exact equivalence in translation, and accept the fact that texts are inevitably manipulated for the target language text to achieve specific purposes among TL readership (Snell-Hornby 1988/1995: 22). In keeping with this, the translator is not simply an intermediary but a co-author of the TL text.

A notable critic of this current mainstream is Lawrence Venuti, who is unwilling to accept the tendency of the stronger cultures to impose their values in translation. He cogently argues how the Anglo-Saxon world not only applies a highly target-oriented (what he calls *domesticating*) approach to translation, but also how it is unreceptive to literature in translation: In English-speaking countries translated works amount to a far lower percentage of total publications than in the continental countries of Europe (Venuti 1992: 12–15, 1995: 5).

On the surface, the literary theorists appear to have little to contribute to the discussion of term translation, primarily because literary translation theory is largely concerned with form, while term translation is exclusively concerned with content. Nevertheless, in the transmission and translation of Chinese medical knowledge, the same tensions as literary translation theorists describe are clearly in evidence. If we accept the polysystem view of relative strength of literary tradition and replace ‘literary tradition’ with ‘understanding of health and sickness’, we have a way to conceive of the poor transmission of Chinese medicine to the West, where Western medicine on the one hand and alternative health-care notions on the other dominate over the understanding of Chinese medicine, and thereby promote a tendency toward target-orientation and to adaptation.

The acceptance of target-orientation in literary translation is related to the features of creative literature, namely the difficulties of transfer posed by the inseparability of form and content on the one hand and the creative urge on the other. These difficulties are less evident in other areas of translation, such as in the cross-cultural transmission of knowledge corpora. In such areas, the failure to apply a source-oriented approach can be understood in terms of the cultural superiority that Venuti so poignantly pinpoints in the literary realm.

2.1.3.5 Philology and Anthropology

In philological translation, i.e., the translation of texts from cultures remote in space and time, it appears to be recognised that meaning and reference are deduced from text (whether written or spoken), and the first requirement of translation is to present what the text says. Until the full meaning is known, the translation should allow the same latitude of interpretation as the original. Before the full meaning of a text is understood, it is impossible to guess the range of fields of inquiry in which it might be significant. In George Steiner's words (1975: 372), "The paleographer or anthropological linguist decodes out of silence." Because the aim of the philologist or anthropologist is to learn about the culture out of which the text was produced, their approach to translation is source-oriented. No sacrifices in this regard are made for the target reader as regards content or form. Wherever the text is unclear to the TL reader, clarification is provided through annotation. The approach is generally literal, but different approaches are used for different purposes (Duranti 1997: 154–160).

Philological translation is one form of what Nord calls documentary translation. The terminological aspect of the philological approach to translation is Paul Unschuld's suggested approach for Chinese medical terminology that was described briefly in the Introduction (Chapter 1). As far as term translation goes, this method in reality is little more source-oriented than Nida's dynamic equivalence approach, which has been judged by many to be freer than necessary (e.g., Hatim & Mason 1990: 7; Gentzler 1993: 52–60). In *Toward a Science of Translating* (1964: 167), Nida makes distinctions a) terms for which there are readily available parallels, e.g., *river*, *tree*, *stone*, *knife*; b) terms which identify culturally different objects, but with somewhat similar functions, e.g., *book* (a bound collection of pages, a papyrus scroll); and c) terms which identify cultural specialties, e.g., *synagogue*, *cherubim*, and *jubilee*. He says that the first class of terms usually involves no problem. The second class of terms involves choosing between a term that represents the form of the referent though not equivalent function and one that identifies the equivalent function at the expense of formal identity. For such cases, Nida offers four possible solutions: a formal equivalent with a footnote (as in his practice of formal-equivalence translation); institution of a function equivalent (with or without note); borrowing the term from the source language and adding a classifier (e.g., the cloth linen for speech communities that do not have the concept of linen); a descriptive paraphrase. As to the third class of terms, the cultural specialties, he says,

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traces of the foreign setting. For example, in Bible translating it is quite impossible to remove such foreign ‘objects’ as *Pharisees*, *Sadducees*, *Solomon’s temple*, *cities of refuge*, or such Biblical themes as *anointing*, *adulterous generation*, *living sacrifice*, and *Lamb of God*, for these expressions are deeply imbedded in the very thought structure of the message. (Nida, 1964: 167)

On the subject of target-oriented translation, Nida says (1964: 220–221) that shifts from nonmetaphor to metaphor are inappropriate when they introduce references to indigenous mythology thought to be out of keeping with the SL message. He gives the example of the Miskito Indians who “speak of the eclipse of the moon as ‘the moon has caught hold of his mother-in-law’.” Speaking of anachronisms (Nida 1964: 169), he says that in the biblical context it would be wrong to speak of ‘iron oxide’ instead of ‘rust’. Concurring with Nida in the need for what they call *historical fidelity*, Beekman & Callow state: “Objects, places, persons, animals, customs, beliefs, or activities which are part of a historical statement must be translated in such a way that the same information is communicated by the translation as by the original statements.” (Beekman & Callow 1974: 35)

In sinology, the results of the philological style of translation are much in evidence. Fung Yu-Lan 馮友蘭 (1948: 11–15) has argued that the Chinese philosophers expressed themselves in aphorism, allusion, and illustrations because suggestiveness, rather than the kind of articulateness that characterises Western philosophy, is the ideal of Chinese art. An implication of this for translation is that because form and content are inextricable, the expression cannot be altered for the foreign reader. Thus, it would be impossible to rephrase the following statement contained in the *Analects* (論語 *lún yǔ*) in a customary Western way: “The wise man delights in water; the good man delights in mountains. The wise move; the good stay still. The wise are happy; the good endure.” (智者樂水，仁者樂山；智者動，仁者靜；智者樂，仁者壽。VI. 21.).

Philological translation is by no means free of contention. Nida’s approach to Bible translation has been criticised by Edwin Gentzler (1993: 45) on the grounds that it sacrifices too much to the proselytising cause. Within sinology, criticism has been directed at excessively domesticating translation. In 1954, Edward Schafer complained of the overuse of *functional equivalents* that deprive us of knowledge of the world view of Imperial China. Schafer’s special interest at the time was in the names of titles and institutions, but he suggests that his views apply to all aspects of culture. As an example of functional equivalents he gives the rendering of 太守 *tài shǒu* as *Prefect*, arguing that

that this office was similar to that of a French departmental prefect. Schafer claims that adherence to ‘functional equivalence’ slants a translation for the benefit of a particular reader. For Schafer, literal translation of terms, with a note explaining their significance in Chinese culture if necessary, makes a text valid for *any* reader.

Schafer, like Venuti, is acutely aware of the evaluation of the source culture implicit in functional translation:

The supporters of this doctrine (who would certainly not describe their beliefs in this language) imply, in short, that the names given by the Chinese to their institutions and officials have little or no interest or significance for a foreigner. At the same time, they give the stamp of eternity and universality to concepts familiar in Western Europe and America—places which notoriously provide all the touchstones of politico-linguistic intelligibility. Schafer 1954

The purpose of philological translation is first and foremost to inform the target text reader about the culture in question. Consequently, philologists have been at pains to escape the temptation to allow their own evaluations to influence their translation. Philological translation is probably unique among the various translation practices in that it is inherently source-oriented. Philological translation has attracted surprisingly little attention among translation theorists. It is most noteworthy that Nida has usually been noted for his notion of dynamic equivalence, which serves the proselytising goals of Bible translators, rather than his notions of formal equivalence and gloss translation, which serves a philological need. Problems of philological translation and related types of translation have notably been mentioned by Baker (1992), Newmark (1995: 11, 69), and Nord (1997). Overall, though, they have occupied a low profile in translation theory.

In the realm of Chinese medical translation, sinologists have not fully agreed on a methodology (still less on a definite terminology) for the transmission of China’s ancient healing arts. Set against Unschuld’s translation of blood for 血 *xuè*, we find Porkert’s *hsüeh* and *individually specific structutive energy*. Thus, sinologists have not faced squarely the challenge raised by Schafer in the 1950s, and have therefore failed to provide the scholarly guidance they could have provided.

2.1.3.6 Lexical Equivalence

The shift of emphasis in translation theory away from the level of word and phrase to the higher level of text and social context has not made the problems of translating words any less important, and indeed, it has added to the complexity. In her coursebook

from Cruse (1986) and Halliday (1978) (but actually embryonic in Nida), that are found at word level as well as utterance level: propositional meaning, expressive meaning, presupposed meaning (reflecting selectional and collocational restrictions), and evoked meaning (reflecting dialect and register). Clearly, the possibility of any exact match between words of two languages, as determined by all these four criteria (and the subcriteria), is possibly even lower than for two words of the same language.

Despite the impossibility of exact equivalence between languages, there are processes whereby languages in contact tend to align themselves semantically in certain respects. These processes, which have possibly attracted less attention from translation theorists than they should have done, are the concern of the next section.

2.2 CONTACT BETWEEN LANGUAGES

The contact between different speech-communities and the linguistic influence they exert upon each other offer potential insights into the question of translation and translatability that translation theorists have neglected owing to that fact that until recently their interest was largely limited to text types and languages where lexical gaps are salient. Borrowing is one of the translation procedures described by Newmark (1988: 91–92), Bell (1991: 70), who bases himself on Wilss (1982), and Sager (1998a). It is given scant attention by Nida (1964: 3, 194, 214), although many of his examples attest to the scope of borrowing. Vinay & Darbelnet (1958/1995) point out that borrowings often enter a language after being introduced in a translation. If we accept Bell's claim (1991: xv) that translation theory has tended to be prescriptive rather than descriptive, the utility of a survey of the processes of borrowing that occur when languages are in contact in understanding more clearly certain aspects of the practical reality of translation becomes immediately apparent.

John Lyons (1981: 325–328) and Reinhard Hartmann (1980: 25) have both noted the importance of loans and loan-translation as a bridge between cultures in contact, and agree that it is widely underestimated. Lyons argues that loan-translation performs the same function as a direct borrowing, and is a practice generally used by those translating between two languages outside the area of cultural overlap. He notes that borrowing is one piece of evidence showing that translation is possible. Hartmann stresses the importance of bilingualism in borrowing. David Crystal (1987: 330) says, "In most languages, the vast majority of new words are in fact *borrowings* from other languages. . . ." This is not surprising since it is estimated that over half the world's population is bilingual or multilingual (Trask 1996: 308). In historical linguistics, borrowing is discussed at length

by Bynon (1977/1986: 217–239), Lehmann (1992: 254–277), Pyles & Algeo (1993: 286–311), McMahon (1994: 200–209), Trask (1996: 17–30; 308–315), and Lass (1997: 184–190), all presenting a similar picture.

One language may be influenced by another in its phonology, grammar, and lexis. Given the present study's focus on terminology, the primary concern is with lexis. Nevertheless, the preliminary comments that follow largely apply to borrowing in general.

The underlying condition for borrowing is contact between language communities. This may take the form of geographical proximity of language communities (language communities occupying the same geographical area or contiguous areas) or remote contact through foreign travel and trade. Lexical and to a greater extent grammatical borrowing are associated with bilingualism and with translation. On the surface, borrowing is perceived as fulfilling a perceived need of expression. When we look closer, however, we find that two major factors are at work: prestige of the lending language and culture (bilingualism and translation) and a tendency of the language to borrow (McMahon 1994: 200–205). Latin, Greek, and French have been the source of many English borrowings, but Finnish and Malay that of far fewer. This reflects the cultural prestige of Rome, Greece, and France in the history of the English-speaking peoples. Western culture and Western languages are currently especially prestigious in both China and Japan, but borrowing is much more frequent in Japanese than Chinese. Japan has a tradition of borrowing that developed in its earlier contact with China, while China has had less experience in borrowing, especially intensive borrowing from a single source. The prestige and habit factors are sometimes in conflict. The prestige factor visible in publishing figures (see 2.1.1, Historical Importance of Translation) suggests that English is likely to borrow fewer words than it supplies to other languages. While there is great evidence of English as a supplier to a large number of languages, there is also considerable evidence to show that English is still a major borrower—a fact that is probably explained by a tendency to borrowing established by the past influence of Latin and Norman French.

Lexical borrowing takes three forms—loans, loan-translations, and specialisations—the first two being the most important. These two classes, from the point of view of translation theory, are of course source-oriented. A condition for loan-translation is that it must be semantically transparent and transferable. Bynon (1977/1986: 232) has given morphological complexity (more than one morpheme) as a condition, but numerous examples of single-root terms rendered in other languages by loan-translation exist (see 3.1.4, Loans and Loan-Translations). Basic vocabulary is borrowed with less ease than terms for specific items from the physical environment and culture of another language community,

including terms belonging to specialised forms of discourse (Lass 1997: 186). Different spates of English borrowing from Latin reflect different influences: the acquisition of basic commodities, the influence of Christianity and classical literature, and the scientific revolution (McMahon 1994: 201). Words of different word-classes are borrowed with different frequency, nouns being more frequently borrowed than adjectives, followed by verbs, adverbs, and prepositions in descending order of frequency (Lass 1997: 190; McMahon 1994: 208).

The social contexts in which linguistic borrowing occurs are often referred to as *substratum*, *adstratum*, and *superstratum* (Malmkjær 1991: 208). Languages may be influenced through any of these levels. *Substratum influence* is a phenomenon observed when a community learns a language superimposed on it, but introduces traces of their native language (e.g., the introduction into Latin of multiples of twenty in the numbering system from Celtic, which is observed in modern French). *Adstratum influence* refers to borrowing across cultural and linguistic boundaries (as borrowing in English of Turkish *kiosk*, Nahuatl *tomato*, Hindi *veranda*, Persian *lilac*, Chinese *yen*, etc.). *Superstratum influence* is absorption by a vernacular language of elements of a superimposed language in recession (e.g., the adoption in English of words from Norman French).

Substratum and superstratum borrowing occurs in situations of direct interaction between speech communities, and involve any type of borrowing (phonological, grammatical, or lexical). Adstratum borrowing tends to be lexical, and often involves the borrowing of nouns in particular.

We now turn to borrowings in Germanic languages and in Chinese. In view of the importance of borrowing practices in LSP translation, this examination is somewhat detailed.

2.2.1 LEXICAL BORROWING AMONG GERMANIC LANGUAGES

Borrowing or loan-translation is sometimes a chance event at a point of contact between two communities. Even though the British Celts were subjugated by the Anglo-Saxon invaders and were later to survive only as contiguous communities, the contact between the two peoples led to the adoption of only a dozen or so Celtic words prior to the Norman Conquest (e.g., *bratt*, *cumb*, *torr*, none of which have survived in the standard modern language), with the exception of place names (such as *Thames*, *Dover*, *London*). Linguistic influence more readily occurs when one culture is more dominant or prestigious than another. About 175 Latin words adopted by the continental German tribes before they crossed the North Sea (e.g., *butter*, *cheap*, *cheese*, *kettle*, *kitchen*, *mile*,

mint, pound, sack, street, tile, wall, wine) remain in common use today (Pyles & Algeo 1993: 286–287). These old borrowings have been so assimilated to native vocabulary as to be indistinguishable from it. All of them reflect the greater technological and cultural sophistication of the Romans, and the prestige they commanded in the Germanic population.

After the Norman conquest, Norman French became the language of government, while the populace continued to speak English. In an environment in which bilingualism was widespread among certain sectors of society, borrowing into English became intensive. Imports from Norman French reflect the Normans' sphere of influence:

Government: *government, castle, service, administer*

Law: *justice, attorney, chancellor, country, court, sentence, prison, crime*

Military: *army, captain, corporal, lieutenant*

Religion: *religion, prayer, sermon, faith, divine spirit*

Arts: *art, monument, music, poet, painting, grammar*

Food: *beef, pork, mutton, venison, veal, salad, boil, supper, dinner*

English did not by any means only borrow from Norman French to fill gaps in its own lexis; many of these borrowings ousted existing vocabulary (*army* replaced Old English *dríht* and *here*; *spirit* replaced *gāst*). English lost at least 60% of its Old English vocabulary in favour of loans from French and Latin mostly in the 200 years following the Conquest (Trask 1996: 309). Borrowing surplus to requirement is an unequivocal sign that great prestige is accorded to the source community. The continuing cultural influence of France explains why French continues to be the main supplier of vocabulary to the English language (Pyles & Algeo 1993: 310).

By the beginning of the second millennium, Latin in its classical form had ceased to be anyone's mother tongue. Despite this, it continued to exert its influence on European languages. It was kept alive by the Church and scholars. It continued to supply European languages with fresh vocabulary, English being a particularly welcoming recipient in view of the trend in borrowing set by loans from Norman French. Borrowings in Modern English times include *abdomen, data, decorum, delirium, editor, lapse, medium, orbit, series, urban*, and *vindicate*.

Greek has also exerted its influence, partly through Latin. In Old English there were a number of ecclesiastical terms that entered the language from Greek via Latin: *abbot* (actually from Aramaic 'abbā), *bishop, Christ*, and *church*. Middle English acquired via French the words *centre, cathedral, character, choir, chronicle, democracy, fantasy,*

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the words *allegory*, *barbarous*, *chaos*, *electric*, *history*, *metaphor*, *pharynx*, *phenomenon*, *rhythm*, and *theory*. More recently, we borrowed Greek the words *agnostic*, *idiosyncrasy*, *kudos*, *pathos*, and *phone*. Today Greek and Latin provide most of our internationalisms.

English loans from other languages are numerous. These vary in their vintage from Middle English times to the present.

Dutch: *beleaguer*, *booze*, *boss*, *brandy*, *buoy*, *deck*, *duffel*, *easel*, *etch*, *gherkin*, *gin*, *yacht*

Afrikaans: *apartheid*, *aardvark*

German: *blitz*, *carouse* (*gar aus*), *cobalt*, *delicatessen*, *eidelweiss*, *-fest*, *hamster*, *hinterland*, *lager*, *leitmotiv*, *plunder*, *noodle* (*Nudel*), *poodle*, *pretzel*, *pumpernickel*, *quartz*, *rucksack*, *sauerkraut*, *schnitzel*, *waltz*, *yodel*, *zeitgeist*

Italian: *adagio*, *al dente*, *al fresco*, *andante*, *aria*, *artichoke*, *broccoli*, *cantata*, *crescendo*, *diminuendo*, *fettuccine*, *fiasco*, *fresco*, *gazette* (via French), *ghetto*, *grotto*, *Gorgonzola*, *incognito*, *inferno*, *largo*, *loggia*, *mozzarella*, *opera*, *parmesan*, *pasta*, *patio*, *pizza*, *peperoni*, *pesto*, *piano*, *ricotta*, *sonata*, *torso*, *ravioli*, *risotto*, *regatta*, *spaghetti*, *tagliatelle*, *umbrella*, *vendetta*, *zucchini*

Spanish: *burrito*, *cha-cha*, *dorito*, *gaspacho*, *guitar* (*guitarra*, partly via French, orig. from Greek *kithara*), *fiesta*, *flamenco* (orig. from Middle Dutch *Vlaminc*), *macho*, *paella*, *piña colada*, *rumba*, *tango*, *taco*, *tequila*

Russian: *mammoth*, *samovar*, *steppe*, *tundra*, *vodka*

Hungarian: *goulash*, *hussar*, *paprika*

Finnish: *sauna*

Arabic: *alchemy*, *alcohol*, *alcove*, *algebra*, *admiral*, *alkali*, *algorithm*, *assassin*, *azimuth*, *artichoke*, *amber*, *camphor*, *candy*, *caliber*, *carat*, *caraway*, *cipher*, *citron*, *coffee* (via Turkish), *cotton*, *dhow*, *elixir*, *garble*, *giraffe*, *hashish*, *henna*, *jerboa*, *magazine*, *mattress*, *orange*, *lute*, *saffron*, *sugar*, *tariff*, *syrup*, *zenith*, *zero*

Persian: *azure*, *bezoar* (via Arabic and French), *bazaar* (via Turkish), *caravan*, *lilac*, *musk*, *paradise*, *scarlet*, *tiger*

Turkish: *fez*, *kiosk*, *shish kebab*, *yogurt*

Indian languages: *ayurveda*, *bangle*, *bungalow*, *catamaran*, *chutney*, *chintz*, *curry*, *dinghy*, *dhal*, *juggernaut*, *jungle*, *karma*, *mango*, *mung bean*, *poppadom*, *shampoo*, *pyjamas*, *sari*, *suttee*, *sutra*, *tandoori*, *thug*, *veranda*

Chinese: *chow mein* 炒麵, *chopsuey* 雜碎, *fengshui* 風水, *ginseng* 人參, *kaolin* 高嶺土, *ketchup* 茄汁 (via Malay), *kow-tow* 磕頭, *kumquat* 金橘, *litchi* 荔枝, *loquat* 魯橘, *pekoe* 白花, *oolong* 烏龍, *qi* 氣, *qigong* 氣功, *sampan* 舢板, *tea* 茶, *tong* 黨, *yen* 癮, *yang* 陽, *yin* 陰

Japanese: *ginkgo* 銀杏, *hara-kiri* 腹切, *haiku* 俳句, *judo* 柔道, *jujitsu* 柔術, *kamikaze* 神

TRANSLATION OF CHINESE MEDICAL TERMS

風, *kanji* 漢字, *karaoke* カラオケ, *karate* 空手, *kimono* 着物／きもの, *moxa* 艾, *sake* 酒, *sashimi* 刺身／さしみ, *satori* 悟り, *soy* 醤油／しょうゆ, *tofu* 豆腐, *tycoon* 大君, *wasabi* 山葵／れさび

African languages: *banana*, *banjo*, *voodoo*, *yam*, *zombi*

Pacific languages: *bamboo*, *gingham*, *launch*, *mangrove*, *taboo*, *tatoo*, *ukulele*

Australian and New Zealand languages: *budgerigar*, *boomerang*, *kangaroo*, *kiwi*, *koala*

Amerindian languages: *anorak*, *igloo*, *kayak*, *moccasin*, *pecan*, *potato*, *skunk*, *toboggan*, *tomato*, *totem*, *wigwam*

It is interesting to view these loans in terms of the nature and intensity of cultural contact they represent. All of the terms represent substances or realia originally of foreign origin, but a distinction can be made between adopted realia and unadopted realia. *Tea*, *coffee*, *ketchup*, *potato*, *tomato*, *lemon*, *orange*, *cotton*, *jungle*, and *zero*, are highly familiar concepts; whereas *apartheid*, *hara-kiri*, *kamikaze*, *kimono*, *haiku*, *dhow*, *sari*, *suttee*, *sutra*, *wigwam*, and *samovar* remain essentially foreign realia. Interesting also is the fact that the Italian loans are concentrated in specialised domains of music and cookery.

So far only direct loans have been mentioned. Lexical borrowing notably also takes the form of loan-translations and specialisations. Among loan-translation in Old English are *ascensio* → *ūpāstīgens*; *evangelium* → *gōdspell*; *humanitas* → *menniscnesse*; *miseri-cordia* → *mildheortnis*; *omnipotens* → *ealmihtig*; *paganismus* → *hebendōm*. These terms all denote abstract concepts and stand in contrast to the Latin loans in Old English, which all denote *realia*. In the introduction of Christianity to speakers of Germanic tongues, the transfer from the source language of totally unfamiliar abstract concepts together with the linguistic forms they represented evidently appeared a less attractive solution than loan-translation. Yet another solution for the abstract notions was specialisation (Bynon calls the latter *semantic extension*, a term which this study uses in a different sense in Chapter 5), by which existing Germanic words were redefined in their Christian sense. It was by this process that the precursors of *God*, *Heaven*, *Hell* and *evil* were made to accommodate the Christian concepts associated with them. While the specialisations remained, many of the loan-translations were replaced in Middle English by Norman French descendants of the Latin terms.

German manifests identical processes as English. The examples in the previous paragraph all, with the exception of *evangelium*, have corresponding loan-translations (*Himmelfahrt*, *Menschlichkeit*, *Barmherzigkeit*, *allmächtig*, *Heidentum*, *Gott*, *Himmel*, *Hölle*, *Übel*). Here, the loan-translations, unlike their English counterparts, have not been replaced

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Loan-translation has operated throughout European languages. With the gradual decline of Latin, the translation of the Bible into the vernaculars became an increasing imperative. European languages generally have equivalents of our *scapegoat*, which can be traced back through various steps to the Hebrew: ← Latin *caper emissarius* ← Greek *tragos aperchomenos* ← Heb. *sair laazalel*. ‘Pearls before swine’, ‘the Lamb of God’, ‘to wash one’s hands of something’, and ‘Judas’ (denoting any betrayer) are not unique to English.

Loan-translation has continued into the modern age. The French *chemin de fer* has provided the model for German *Eisenbahn*, and Danish *jernbane* (as well as Greek *siderodromos* and Chinese 鐵路 *tiě lù*). French *oxygène* and *hydrogène* provided the model for German *Sauerstoff* and *Wasserstoff*. French has notably provided English with the model for phrases like *that goes without saying*, *marriage of convenience*, *false friends*, *reason of state*. German has provided English with *masterpiece*, *loan-word*, *beer garden*, *world-view*, and *neogrammarian* in the same way. The English *football*, *sky-scraper* and *summit conference* have similarly provided models in numerous languages. Andrei Danchev (1993) has noted that many non-Biblical phrases have passed from one European language to another (he gives examples such as ‘storm in a teacup’, ‘rock the boat’, ‘be on thin ice’), and that with the increasing importance of English, more and more Anglicisms are being adopted in East European languages.

Nowhere among the European languages, however, is loan-translation more in evidence than in German, Dutch, and Scandinavian languages. For centuries, the speakers of these languages lived under the cultural hegemony of southern Europe, but unlike Britain under Norman rule, this influence was never so invasive. As a result, loan-translation has played an important role in developing indigenous lexical resources. In German, it was applied with particular vigour in the 18th century, when there was a deliberate movement to replace foreign words by native creations. Dutch and Scandinavian show striking similarities with the German, but it is not always clear whether their loan-translations came directly from a common model or were based on the German (Bynon 1977/1986: 236). The list below shows German words based on Latin or French models (here substituted with English), together with Danish equivalents.

- | | |
|---|---|
| 11. <i>Aufklärung</i> , <i>opklaring</i> , enlightenment | 15. <i>Einfluß</i> , <i>indflydelse</i> , influence |
| 12. <i>Ausdruck</i> , <i>udtryk</i> , expression | 16. <i>Entwicklung</i> , <i>udvikle</i> , development |
| 13. <i>Ausnahme</i> , <i>undtagelse</i> , exception | 17. <i>Entdeckung</i> , <i>opdagelse</i> , discovery |
| 14. <i>außerordentlich</i> , <i>overordentlig</i> , extraordinary | 18. <i>Fortschritt</i> , <i>fremskridt</i> , progress |
| | 19. <i>Gemeinde</i> , <i>menighed</i> , community |

- | | |
|--|---|
| 20. <i>Gewissen, samvittighed</i> , conscience | 24. <i>Umstand, omstændighed</i> , circumstance |
| 21. <i>Gleichgewicht, ligevægt</i> , equilibrium | 25. <i>Unternehmen, foretag</i> , enterprise |
| 22. <i>oberflächlich, overfladisk</i> , superficial | 26. <i>unterwerfen, underkaste</i> , subject |
| 23. <i>Rechtschreibung, retskrivning</i> , orthography | 27. <i>Verantwortung, ansvar</i> , responsibility |
| | 28. <i>Vorurteil, fordom</i> , prejudice |

Finally, we might mention the rather unusual phenomenon of what might be called *pseudo-borrowing*, where the target language appears to adopt a source language term of its own invention. Examples of this include French *planking* for surfing (*Cassell's French Dictionary* 1963), German *Handy* for cellular phone, English *nom de plume* for pen name, Japanese *otobai* (English **autobike*) for motorcycle, and Russian *vokzal* (from English *Vauxhall Station*) for railway station.

One way or another, borrowing—in the form of direct loans and through Biblical and secular loan-translation—has given a cohesion to European languages that has little to do with etymological lineage. Chesterman (1998) notes, for example, how the immense influence of Swedish on Finnish has made the languages “semantically close.”

Historical linguists have not been concerned to analyse in detail the processes of term formation in any particular domain of knowledge being transmitted from one language community to another. We know, for example, that with the growth in popularity of Italian food in English-speaking countries, English has borrowed numerous culinary terms from Italian, but we have little idea of how Italian culinary terminology has been dealt with as a whole in translation. Numerous items are referred to not by loans but new English coinages or loan-translations. In an English-language pasta cookbook (Martin 1994: 6), seven out of eighteen kinds of pasta are listed with Italian names only, and ten English names are followed by parenthesised Italian. Evidently, the author assumes that the Italian names would be obscure for most English speakers and that descriptive English names would be easier to remember, especially when the terms are presented en masse. The processes for choosing the English names appear to be twofold. One is loan-translation; the other is the formation of new term independently of the meaning of the Italian term. Of the terms considered, only a couple are translated by loan-translation (e.g., *pasta ears* for *orecchiette*; *twists* for *spiral*). Most are apparently created from scratch: *thin noodles* for *linguine* (lit. ‘little tongues’), *pasta spirals* for *fusilli* (lit. ‘little spindles’), *pasta tubes* for *rigatoni* (lit. ‘furrowed ones’). The phenomenon of *independent formation* has not been described by historical linguists. Although it falls outside the limits of borrowing, it is nevertheless obvious that since the tendency to create a new term stands in

it contributes to defining the scope of borrowing. The tension between avoiding the problem of translation by borrowing a term and the desire for self-explanatory terms is seen more clearly in the Chinese language, which we now turn to in the following subsection.

2.2.2 WESTERN INFLUENCE ON THE CHINESE LANGUAGE

In the colonial era, Western European languages, especially English, French, and Spanish, became official languages over vast areas of the globe. These were often retained after independence not only because they provided a lingua franca for a highly fragmented geography of language (e.g., India and the Philippines), but also because they were vehicles of the scientific and technical knowledge that promised economic development. This factor also led to the use of English for technical purposes in areas that had not been subject to colonial rule (e.g., English in Táiwān).

The effect of Western cultural impact on indigenous languages in the Orient has been enormous. Japanese shows Western influence more conspicuously than Chinese because, like English, it has a tradition of borrowing (from Chinese), and as a consequence has imported thousands of words from English, German, and other European languages over recent decades (e.g., /torakuta/ tractor; /tanku/ tank; /džibu/ jib; /tzuringu/ touring; /sūpu/ soup; /šinema/ cinema; /baiorin/ violin; /tšimu/ team; /sanmā sōruto/ summersault; /seku-hara/ sexual harassment). The Chinese language has been affected less deeply and less overtly. The replacement of Classical Chinese with a written language based on the modern vernacular that would make education more accessible and more effective was a direct consequence of contact with the West. Although its phonetic peculiarities tend to prevent direct importation of terms, the use of loan-translation is wide-spread.

It will be instructive to describe the situation with regard to lexical borrowing in Chinese. Trade links between China and the West have existed since antiquity, but it was not until the imperial expansion of the West that the two cultures came face to face in a big way. The full force of the Western impact on Chinese culture came suddenly and forcefully in the latter half of the 19th century, and was more powerful than the external influence had ever been in the two foreign Dynasties (Yuán and Qīng). The consequences of this cultural encounter on the Chinese language, genealogically unrelated to European languages, are reasonably salient.

Lexical borrowing in Chinese takes the form of the three categories previously mentioned: loans, loan-translations, and specialisations. Most notable is the resistance of Chinese to direct loans. The sounds of the Chinese language are fixed syllables, each composed of a maximum of three phonemes (consonant + vowel + consonant) and a min-

imum of one. Combinations of vowels and consonants within a single syllable are limited (for example, [ü] can be preceded by [q] but not by [ch]; [k] cannot be followed by [i]). Most languages other than Chinese do not follow the Chinese pattern, and so their vocabulary cannot always be easily assimilated to it. In the assimilation process, original vowel sounds have to change to conform to Chinese vowel-consonant patterns (e.g., kiwi → 奇異果 *qí yì guǒ*) and consonant clusters (so common in European languages) have to be broken down by the insertion of vowels, entailing a longer and clumsier expression in Chinese (e.g. Innsbruck → 因斯伯路克 *yīn sī bó lù kè*; Petropavlovsk → 彼得羅巴夫羅夫斯基 *bǐ dé luó bā fū luó fū sī jī*). In some cases, a monosyllable is chosen to represent a polysyllabic word (e.g., actinium → 錒 *ā*; palladium → 鈹 *bǐ*; barium → 鋇 *bèi*).

Although the Chinese script is only partly phonetic, loans are made possible by using characters for their phonetic value. Phonetic character combinations usually advertise themselves by making no sense on the basis of the literal meaning of the components (巧克力 *qiǎo kè lì*, chocolate, reads literally as ‘clever-overcome-strength’). Foreign proper nouns are usually transcribed (e.g., 馬克斯 *mǎ kè sī*, Marx; 梵諦岡 *fàn dì gāng*, Vatican; 克里姆林宮 *kè lǐ mǔ lín gōng*, Kremlin). In some cases, they tend to be abbreviated (e.g., 澳大利亞 *Australia* → 澳洲 *ào zhōu*, ‘Au-Continent’). Meaningful names are occasionally literally translated (長堤 *cháng tí*, Long Beach; 金門大橋 *jīn mén dà qiáo*, Golden Gate Bridge; 白宮 *bái gōng*, White House; 五角大廈 *wǔ jiǎo dà xià*, Pentagon). Personal names are usually transcribed, but are occasionally replaced by epithets (Elvis Presley is usually referred to as 貓王 *māo wáng*, ‘the Cat King’). The cultural impact of the West is sharply reflected in the Chinese adoption of Eurocentric geographical names: 亞洲 *yà zhōu*, Asia; 遠東 *yuǎn dōng*, Far East; 近東 *jìn dōng*, Near East.

Examples of direct borrowings other than proper nouns are given below. Some of these are limited only to Táiwān, but many are universal in the Mandarin-speaking world.

Weights and Measures	36. 奇異果 <i>qí yì guǒ</i> , kiwi	44. 披薩 <i>pī sà</i> , pizza
29. 打 <i>dá</i> , dozen	fruit	45. 巧克力 <i>qiǎo kè lì</i> , chocolate
30. 鎊 <i>bàng</i> , pound	37. 蛋塔 <i>dàn tǎ</i> , egg tart	late
31. 米 <i>mǐ</i> , meter	38. 奶昔 <i>nǎi xī</i> , milk shake	46. 漢堡 <i>hàn bǎo</i> , hamburger
32. 克 <i>kè</i> , gram	39. 布丁 <i>bù dīng</i> , crème	47. 沙丁魚 <i>shā dīng yú</i> , sardine
33. 噸 <i>dùn</i> , ton	caramel (pudding)	dine
34. 卡 <i>kǎ</i> , card, calorie	40. 沙拉 <i>shā lā</i> , salad	48. 可樂 <i>kě lè</i> , (coca) cola
35. 加侖 <i>jiā lún</i> , gallon	41. 培根 <i>péi gēn</i> , bacon	49. 沙士 <i>shā shì</i> , sarsaparilla
Food and Drink	42. 起士 <i>qǐ shì</i> , cheese	50. 啤酒 <i>pí jiǔ</i> , beer
	43. 土司 <i>tǔ sī</i> , toasting bread	51. 威士忌 <i>wēi shì jì</i> , whisky

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52. 藍姆酒 <i>lán mǔ jiǔ</i> , rum	66. 馬達 <i>mǎ dá</i> , motor (electric)	80. 沙發 <i>shā fā</i> , sofa (or easy chair)
53. 伏特加酒 <i>fú tè jiā jiǔ</i> , vodka	67. 引擎 <i>yǐn qín</i> , engine	81. 酒吧 <i>jiǔ bā</i> , bar
54. 白蘭地 <i>bái lán dì</i> , brandy	68. 摩托車 <i>mó tuō chē</i> , motor cycle	82. 乒乓球 <i>pīng pāng qiú</i> , pingpong
Scientific and Technological		83. 倫巴 <i>lún bā</i> , rumba
55. 艾滋病 <i>ài zī bìng</i> , AIDS	69. 侏羅紀 <i>zhū luó jì</i> , Jurassic period	84. 探戈舞 <i>tàn gē wǔ</i> , tango
56. 休克 <i>xiū kè</i> , shock (medical sense)	Miscellaneous	
57. 海洛因 <i>hǎi luò yīn</i> , heroin	70. 康乃馨 <i>kāng nǎi xīn</i> , carnation	85. 吉他 <i>jí tā</i> , guitar
58. 鴉片 <i>yā piàn</i> , opium	71. 烏托邦 <i>wū tuō bāng</i> , utopia	86. 曼陀林 <i>màn tuó lín</i> , mandolin
59. 嗎啡 <i>mǎ fēi</i> , morphine	72. 俱樂部 <i>jù lè bù</i> , club	87. 浪漫 <i>làng mǎn</i> , romantic
60. 阿斯匹林 <i>ā sī pǐ lín</i> , aspirin	73. 幽默 <i>yōu mò</i> , humour	88. 秀 <i>xiù</i> , show
61. 霓虹 <i>ní hóng</i> , neon	74. 啞鈴 <i>yǎ líng</i> , dumb-bell	89. 低盪 <i>dī dàng</i> , detente
62. 坦克 <i>tǎn kè</i> , (military) tank	75. 迷你 <i>mí nǐ</i> , mini	90. 華爾滋舞 <i>huá ěr zī wǔ</i> , waltz
63. 吉普車 <i>jí pǔ chē</i> , jeep	76. 雪茄 <i>xuě jiǎ</i> , cigar	91. 拉布拉多 <i>lā bù lā duō</i> , Labrador
64. 輪胎 <i>lún tāi</i> , tyre	77. 布爾什維克 <i>bù ěr shí wéi kè</i> , Bolshevik	92. 雅皮 <i>yǎ pí</i> , yuppie
65. 麥克風 <i>mài kè fēng</i> , microphone	78. 凱撒 <i>kǎi sā</i> , caesar	93. 拷貝 <i>kǎo bèi</i> , copy
	79. 沙皇 <i>shā huáng</i> , czar	94. 拜拜 <i>bāi bāi</i> , bye-bye
		95. OK

A number of loans are written with characters that are suggestive of the meaning:

96. 三明治 <i>sān míng zhì</i> , sandwich, lit. 'three bright order'	102. 雷達 <i>léi dá</i> , radar, lit. 'thunder-reach'
97. 模特兒 <i>mó tèr</i> , model, lit. 'exemplar special'	103. 拖拉機 <i>tuō lā jī</i> , tractor, lit. 'pulling machine'
98. 系列 <i>xì liè</i> , series, lit. 'tie line'	104. 雷射 <i>léi shè</i> , laser, lit. 'thunder-shoot'
99. 開 <i>kāi</i> , carat, lit. 'percentage'	105. 愛滋病 <i>ài zī bìng</i> (Taiwan version), AIDS, lit. 'love-propagated disease'
100. 泊 <i>bó</i> (Cantonese <i>paak</i>) park (a car), lit. 'moor (a boat)'	106. 雪紡綢 <i>xuě fǎng chóu</i> , chiffon, lit. 'snow silk-fabric'
101. 伺服器 <i>sì fú qì</i> , (computer network) server, lit. 'serving machine'	107. 維他命 <i>wéi tā mìng</i> , vitamin, lit. 'maintain his life'

The impact of Western civilisation in China has given rise to the phenomenon of

competing equivalents for foreign terms. A number of loans that were suggested, and in some cases gained currency for a time, were later abandoned. Examples are given below:

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| 108. 版克 <i>bǎn kè</i> , bank | 111. 得利風 <i>dé lì fēng</i> , telephone |
| 109. 巴力門 <i>bā lì mén</i> , parliament | 112. 德律風 <i>dé lǜ fēng</i> , telephone |
| 110. 支利胡 <i>zhī lì hú</i> , giraffe | 113. 優泥維實地 <i>yōu ní wéi shí dì</i> , university |

Loan-translations in the LGP are numerous, but because Chinese dictionaries do not always note foreign origin or the time of the first appearance of compounds and sense of entries, these are often difficult to attest with certainty. Indeed, loan-translations are not necessarily regarded as being borrowings by Chinese scholars (Zhào J-Z 1998: 401). The exactness of the morphological replication ranges from exact matches such as 熱狗 *rè gǒu*, hot dog, and 冷戰 *lěng zhàn*, cold war, to forms containing sense-completing additional morphemes such as 傳真 *chuán zhēn*, ‘transmit true’, fax (composed of ‘true’, which captures the idea of ‘exact replica’ not fully present in the etymological meaning of the English term, with the addition of ‘transmission’).

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| 114. 熱狗 <i>rè gǒu</i> , hot dog | 132. 內燃燒機 <i>nèi rán shāo jī</i> , internal combustion engine |
| 115. 女朋友 <i>nǚ péng yǒu</i> , girlfriend | 133. 電子郵件 <i>diàn zǐ yóu jiàn</i> , email |
| 116. 足球 <i>zú qiú</i> , football | 134. 網路 <i>wǎng lù</i> , internet |
| 117. 石油 <i>shí yóu</i> , petroleum | 135. 同情 <i>tóng qíng</i> , sympathy |
| 118. 汽油 <i>qì yóu</i> , gasoline (petrol) | 136. 鐵路 <i>tiě lù</i> , railway (<i>chemin de fer</i>) |
| 119. 衛生棉 <i>wèi shēng mián</i> , sanitary towel/napkin | 137. 摩天大樓 <i>mó tiān dà lóu</i> , sky-scraper |
| 120. 甜心 <i>tián xīn</i> , sweetheart | 138. 反應 <i>fǎn yìng</i> , response, reaction |
| 121. 親愛的 <i>qīn ài de</i> , dear | 139. 反動的 <i>fǎn dòng de</i> , reactionary |
| 122. 籃球 <i>lán qiú</i> , basketball | 140. 空調 <i>kōng tiáo</i> , air-conditioning |
| 123. 吊橋 <i>diào qiáo</i> , suspension bridge | 141. 印象 <i>yìn xiàng</i> , impression |
| 124. 馬力 <i>mǎ lì</i> , horse power | 142. 自動 <i>zì dòng</i> , automatic |
| 125. 扭力 <i>niǔ lì</i> , torque | 143. 自決 <i>zì jué</i> , self-determination |
| 126. 火星塞 <i>huǒ xīng sāi</i> , spark plug | 144. 環境 <i>huán jìng</i> , environment |
| 127. 中國城 <i>zhōng guó chéng</i> , Chinatown | 145. 信用卡 <i>xìn yòng kǎ</i> , credit card |
| 128. 幼稚園 <i>yòu zhì yuán</i> , kindergarten | 146. 信用狀 <i>xìn yòng zhuàng</i> , letter of credit |
| 129. 超級市場 <i>chāo jí shì chǎng</i> , supermarket | 147. 發電機 <i>fā diàn jī</i> , generator |
| 130. 超自然 <i>chāo zì rán</i> , supernatural | 148. 價值觀 <i>jià zhí guān</i> , values (as in <i>cultural values</i>) |
| 131. 冷戰 <i>lěng zhàn</i> , cold war | |

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| 149. 物競天擇 <i>wù jìng tiān zé</i> , natural selection | 154. 家庭計劃 <i>jiā tíng jì huà</i> , family planning |
| 150. 傳真 <i>chuán zhēn</i> , fax | 155. 核心家庭 <i>hé xīn jiā tíng</i> , nuclear family |
| 151. 酸葡萄 <i>suān pú táo</i> , sour grapes | 156. 顯微鏡 <i>xiǎn wēi jìng</i> , microscope |
| 152. 替罪羊 <i>tì zuì yáng</i> , scapegoat | 157. 地球 <i>dì qiú</i> , globe |
| 153. 惡性循環 <i>è xíng xún huán</i> , vicious circle | 158. 桌球 <i>zhuō qiú</i> , table tennis |

A marked tendency in Chinese is to add to the loan-translation. The word *values* in the sense of social principles or standards appears in Chinese as 價值觀 *jià zhí guān*, ‘value-view’. *Natural selection* as used in evolution theory appears as 物競天擇 *wù jìng tiān zé*, ‘creatures vie and heaven selects’. The latter example is an example of marked Sinicisation by the use of 天 *tiān* to represent nature (now more commonly expressed as (大) 自然 *zì rán*) and by a paratactic phrase that can be read in a predicate or as a noun phrase.

It is interesting to note that the magnitude of Chinese loan-translations of English words contrasts sharply with the almost total absence of English loan-translations of Chinese words (*thundergod vine* for 雷公藤 *léi gōng téng* might be a rare exception). Transparency, which was previously noted as being a condition for loan-translation, depends on linguistic knowledge. Loan-translations are frequent in Chinese because of widespread knowledge of English in China, and virtually non-existent in English because of the lack of familiarity with the Chinese language among English speakers.

Many Chinese terms for *realia* or concepts of foreign origin have names that appear not to have been borrowed from Western languages or modelled on them. These are here referred to as *source-independent formations*. The Chinese word for electricity, 電 *diàn*, means lightening (actually a Japanese coinage; see below). It appears to be a highly favoured word, because it appears in the Chinese names of major electrical appliances in whose English names the word electricity does not appear. 電 *diàn* serves as a generic in creating terms that are arguably better motivated in Chinese than their English counterparts.

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| 159. 化石 <i>huà shí</i> , fossil | 165. 電腦 <i>diàn nǎo</i> , ‘electric brain’, computer |
| 160. 帝國 <i>dì guó</i> , empire | 166. 電池 <i>diàn chí</i> , ‘electric pool’, battery |
| 161. 自來水 <i>zì lái shuǐ</i> , running water | 167. 電梯 <i>diàn tī</i> , ‘electric stairs’, lift, elevator |
| 162. 化學 <i>huà xué</i> , chemistry | 168. 扶手電梯 <i>fú shǒu diàn tī</i> , ‘support-hand electric stairs’, escalator |
| 163. 空氣 <i>kōng qì</i> , air | |
| 164. 電視 <i>diàn shì</i> , ‘electric vision’, television | |

TRANSLATION OF CHINESE MEDICAL TERMS

169. 電話 *diàn huà*, ‘electric speech’, telephone
170. 手機 *shǒu jī*, ‘hand device’, cell(ular) (tele)phone
171. 手表 *shǒu biǎo*, ‘hand indicator’, wrist watch
172. 照相機 *zhào xiàng jī*, ‘reflect likeness machine’, camera
173. 自行車 *zì xíng chē*, ‘self-move vehicle’, bicycle
174. 機車 *jī chē*, ‘machine vehicle’, motorcycle
175. 汽車 *qì chē*, ‘petrol vehicle’, car
176. 保險套 *bǎo xiǎn tào*, ‘safety cover’, condom
177. 電影 *diàn yǐng*, ‘electric shadow’, motion picture (film, movie)
178. 化油器 *huà yóu qì*, ‘[petr]ol-transforming device’, carburettor
179. 電燈泡 *diàn dēng pào*, ‘electric lamp bubble’, light bulb
180. 吸塵機 *xī chén jī*, ‘dust-sucking machine’, vacuum cleaner
181. 原子筆 *yuán zǐ bǐ*, ‘atomic pen’, ball-point pen
182. 螢光筆 *yíng guāng bǐ*, ‘glowworm light pen’, fluorescent marker
183. 收音機 *shōu yīn jī*, ‘sound-receiving machine’, radio
184. 回飛棒 *huí fēi bàng*, ‘fly-back stick’, boomerang
185. 無尾熊 *wú wěi xióng*, ‘tail-less bear’, koala
186. 大毛象 *dà máo xiàng*, ‘long-haired elephant’, mammoth
187. 企鵝 *qì é*, ‘standing goose’, penguin
188. 袋鼠 *dài shǔ*, ‘pouch rodent’, kangaroo
189. 長頸鹿 *cháng jǐng lù*, ‘long-necked deer’, giraffe
190. 冰箱 *bīng xiāng*, ‘ice chest’, refrigerator
191. 生態學 *shēng tài xué*, ‘life state study’, ecology
192. 橄欖球 *gǎn lǎn qiú*, ‘(Chinese) olive ball’, rugby
193. 盲文 *máng wén*, ‘blind script’, braille
194. 網球 *wǎng qiú*, ‘net ball’, tennis
195. 馬球 *mǎ qiú*, ‘horse ball’, polo
196. 定音鼓 *dìng yīn gǔ*, ‘pitch setting drum’, kettledrum

There are also a number of specialisations. The Chinese 新聞 *xīn wén* is first known to have been used in the sense of a ‘recently heard report’ in the Táng Dynasty. It was coined in the 19th century to mean news in the sense of information transmitted by the public information media (Masini 1997: 256). 站 *zhàn*, a military station, originally a borrowing from Mongolian *jam*, came to mean a railway station (Masini 1997: 265), and later bus, underground, and web station, etc. The Chinese 橄欖 *gǎn lǎn* originally referred to the ‘Chinese olive’, *Canarium album*, but is now also used to refer to the Mediterranean olive (*Olea europaea*), which has nothing more in common with the Chinese olive than being a fruit of similar shape. In medicine, 癰 *yōng* has been redefined to represent the Western medical concept of carbuncle; 霍亂 *huò luàn* and 中風 *zhōng fēng* have been

Finally, I should mention that a number of terms denoting Western concepts were first coined in Japanese and then adopted in China (Norman 1988: 20–21). The Japanese now tend to borrow foreign words outright, but in the past they tended to create terms using kanji, or Chinese characters. At the end of the 19th century, Japanese became the main language of access to Western thought in China because it was more easily learned than Western languages. As a consequence, many kanji terms were adopted and pronounced in Chinese (Hung & Pollard 1989). This kind of coinage in Japanese from the Chinese word stock is analogous to the way in which modern European languages create terms from Greek and Latin morphemes. The examples of kanji loans from Japanese come from Masini 1997.

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| 197. 科學 <i>kagaku</i> → <i>kē xué</i> , science | 205. 銀行 <i>ginkō</i> → <i>yín háng</i> , bank |
| 198. 經濟 <i>keizai</i> → <i>jīng jì</i> , economy | 206. 行政 <i>gyōsei</i> → <i>xíng zhèng</i> , administration |
| 199. 系統 <i>keitō</i> → <i>xì tǒng</i> , system | 207. 觀念 <i>kannen</i> → <i>guān niàn</i> , idea |
| 200. 電 <i>den</i> → <i>diàn</i> , electricity | 208. 改進 <i>kaishin</i> → <i>gǎi jìn</i> , improve |
| 201. 衛生 <i>eisei</i> → <i>wèi shēng</i> , hygiene | 209. 改良 <i>kairyō</i> → <i>gǎi liáng</i> , improve |
| 202. 瓦斯 <i>gasu</i> → <i>wǎ sī</i> , gas | 210. 工業 <i>kōgyō</i> → <i>gōng yè</i> , industry |
| 203. 交通 <i>kōtsū</i> → <i>jiāo tōng</i> , communications | 211. 代表 <i>daihyō</i> → <i>dài biǎo</i> , representative |
| 204. 哲學 <i>tetsugaku</i> → <i>zhé xué</i> , philosophy | |

Very often, instead of inventing kanji terms ex nihilo, the Japanese used expressions that had already appeared in Chinese texts. For example, 學校 *xué xiào* first appeared in Mèng Zǐ in the sense of ‘school’, and is known to have been used later in China. But it was under the influence of the Japanese language that it came to displace 學堂 *xué táng* and 書院 *shū yuàn* in the late 19th century. Loans of this type are called *return loans*. Other examples them are given below.

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| 212. 世界 <i>sekai</i> → <i>shì jiè</i> , world | 217. 社會 <i>shakai</i> → <i>shè huì</i> , society |
| 213. 革命 <i>kakumei</i> → <i>gé mìng</i> , revolution | 218. 科學 <i>kagaku</i> → <i>kē xué</i> , science |
| 214. 文明 <i>bunmei</i> → <i>wén míng</i> , civilisation | 219. 系統 <i>keitō</i> → <i>xì tǒng</i> , system |
| 215. 大學 <i>daihaku</i> → <i>dà xué</i> , university | 220. 解剖 <i>kaibō</i> → <i>jiě pōu</i> , anatomy |
| 216. 博士 <i>hakushi</i> → <i>bó shì</i> , doctor (of philosophy) | 221. 教育 <i>kyōiku</i> → <i>jiào yù</i> , education |
| | 222. 方法 <i>hōhō</i> → <i>fāng fǎ</i> , method |

Having discussed loans, specialisations, loan-translations, and source-independent formations, we should stop to consider what conditions influence the choice of these three methods of term formation. At the beginning of this section, it was noted that a

(although not always, as will be explained in 3.1, German and English Translation of Latin Medical Terms) loan-translation is applied to expressions comprising more than one word or morpheme. The absence of transparency in SL terms encourages loans and source-independent formations. It is quite noteworthy that in the lists of loans and source-independent formations above the SL terms are semantically obscure. Among the loans, *brandy*, *motor*, *microphone*, *motorcycle*, and *neon* could perhaps have been dealt with by loan-translation, but given the prestige value of English at the present time, the adoption of English words surplus to requirement is only to be expected. But the others terms provide little clue as to their meaning; in the list of source-independent formations we find SL terms that are semantically opaque. Typical examples of SL terms dealt with by loans and source-independent formation are words that are themselves loans from other languages languages, such as (among the loans) *pizza*, *coca cola*, *chocolate*, *rumba*, *tango*, *mandolin* (including opaque derivations from Greek such as *ecology*) and (among the source-independent formations) *carburettor*, *boomerang*, *kangaroo*. The same applies to terms deriving from proper names such as *rugby* and *braille*.

Loans and source-independent translations arise when the SL term is opaque and loan-translation is not possible. But what determines the choice between loans and source-independent formations? Source-independent formations are descriptive, and are easily devised when the object or concept in question has an outstanding feature. The kettledrum, for example, so named in English by its shape, was apparently felt by the Chinese to be better named by its functional characteristic of a variable pitch achieved by tightening or loosening the drum's skin. 'Chocolate' might have been named by creating a compound of the name of its major ingredient, cacao, but in Chinese, even 可可 *kě kě* is a loan. The word *electricity*, which for most English speakers is semantically obscure, was replaced by 'lightening' in Chinese (which is also the source of our zigzag arrow representing high voltage). A direct borrowing of the English word would have been unlikely owing its length. In short, if transparency of the SL term is the condition for loan-translation, the prestige and pronounceability are the conditions that promote loans, while a salient, easily named feature is the condition of source-independent formation.

2.2.3 BORROWING OF OTHER FEATURES

Borrowing other than lexical is not central to the present thesis. Suffice it to make some brief statements merely to give some idea of the extent to which languages can influence each other.

The grammar of a language is usually considered to be more stable than the lexis.

contact and notably in the development of pidgins and creoles. Borrowing has been posited as one possible factor in the development of shared features in European languages, namely the definite article, tenses involving auxiliaries (perfect and future), the replacement of simple case forms by prepositional phrases (Latin *portae* → French *de la porte*), and, in an isogloss of more limited extension (including only French among the Romance languages), the obligatory use of pronouns when the subject position is not occupied by a noun (Bynon 1997/1986: 249).

As a result of contact with the West, the Chinese language has borrowed certain features from English and other European languages. One of the most striking examples is the increasing use of 被 *bèi* to represent the passive of English that is so prevalent in scientific writing. The Chinese expression in its traditional use marks detriment to the receiver of the action, in contradistinction to an unmarked passive achieved by simply placing the object of a verb in topic position. Nevertheless, 被 *bèi* appears to be starting to lose its detrimental marking (Ramsey 1987: 83). Another example is the gender distinction in writing in third-person pronouns (他、她、它 all pronounced as *tā*). Borrowed features also include the use of multiple adjectives in attributive position (after the pattern *a small, grey, ugly duckling*), and the formation of adjectives with 性 *xìng*, nature(d), and 型 *xíng* type, in emulation of classical adjectival suffixes such as *-ous* and *-ic*. Not yet established is the practice among a minority of translators to follow the English placement of a subordinate clause introduced by *although* (Chinese 雖然 *suī rán*) after the main clause.

Discourse features may be more readily adopted than grammatical features. Hatim & Mason have pointed out that a prestigious language can influence another language in its discourse patterns.

... whereas textual patterns and conventions are constantly modified when text in less dominant languages are translated into English, the reverse is not the case. It seems that many of the world's languages are finding English rhetorical patterns creeping in as new norms. The degree of tolerance of foreign structures seems to be proportional to the relative prestige of the language.

(Hatim & Mason 1993: 191)

2.2.4 INTERLINGUAL INFLUENCE AND TRANSLATION

Having emphasised the degree to which languages have been influenced by other languages, the question that arises in translation theory is whether, and if so in what re-

grated translation methodology. Of course, this question raises once again the old issue of literal versus free in the theoretical discussion translation, and to Schleiermacher's dichotomy of taking the reader into the author's world versus bringing the author into the reader's world.

Illustrative of this dichotomy is Danchev's observation (1993) that literal renderings of foreign sayings in Bulgarian are often considered as translation blunders insofar as the language has ways of expressing the idea, but that despite these objections such renderings are sometimes adopted into the language and gain respectability. In other words, what is decried as an unnecessary loan-translation today might be so widely used tomorrow that speakers may not even recognise the foreign origin. If in adopting a literal translation the translator is conforming with a general tendency in the language toward loan-translation, then the translation theorist opposed to literalism is effectively resisting a natural process in the language.

Borrowing is a phenomenon observed in retrospect, after it has taken place. It may be that translation theorists and translators, as has been suggested (Bell 1991: 10–12), are concerned with prescribing rather than describing the translation process, and that they are resistant to borrowing because the task of translation is to render SL texts with *existing* TL resources. In such a view, adding to the resources by borrowing from the SL is tantamount to unskilled use of the resources available, poor command of the target language, and translationese. Such a view may rest simply on the pragmatic consideration that the reader will more easily understand ideas presented in familiar terms than those presented in unfamiliar terms. It may spring from assertion of the receiving culture in the face of blind deference to the lending culture. It may even rest on the belief that the purity of the language should be preserved for its own sake. Borrowing happens all the time, but ultimately the speakers of any language have the right to keep their language free of influence.

In practice, lexical borrowing varies considerably from one language community to another. Some languages such as English, Dutch, Japanese, and increasingly German welcome it. Others, such as Chinese, find direct borrowing difficult for phonetic reasons. Still others, such as the French and Icelandic, tend to resist it in the interests of preserving the purity of the language. Generally speaking, where direct borrowing is shunned on the grounds that it adulterates the language (e.g., German in the past), loan-translations that conform to native rules of word-formation with no properties that distinguish them from genuine native words are viewed as quite acceptable (e.g., the German examples given in 2.2.1, Lexical Borrowing). Staunch purism that rejects loans and badly formed loan-

2. TRANSLATION AND TERMINOLOGICAL THEORY

translations has to find a solution independent of the morphology of the SL term. It has been for this reason that the Académie française has attempted to promote well-formed neologisms such as *véliplanchisme* ('sail-board-ism') for wind-surfing. That languages may be influenced by others, particularly those of dominant cultures, is a fact of life, but it is not entirely beyond conscious control.

Lexical borrowing responds to the need express in the target language a concept possessing a label in the source language. Wherever a definable concept presents itself, as in the realm technical terminology, a way of representing it in the target language must and can always be found. Borrowing is certainly not the last resort. This is entirely different to the problems arising in literary translation, where what is being transmitted is less tangible and easily lost owing to the phonological, grammatical, and lexical incongruences between the SL and TL. It may be because of this difference that English, which borrows so freely at the lexical level, might still be jealously protected by its speakers from the foreignising influence of foreign literature (Venuti 1995: 1–7).

John Lyons stresses the importance of the similarity between loan-translation and specialised extension and the natural processes of semantic change that occur in any language independently.

Furthermore, there is no difference, ultimately, between loan-translation of this more or less deliberate kind and the use that a native speaker makes of his language as he extends the meaning of words beyond their prototypical sense in new situations. For example, he can bring within the denotation of 'cap', 'hat', or 'bonnet' various kinds of headgear that might be characteristic of other cultures, but not his own; he can bring within the denotation of 'boat', when he first encounters them, not only canoes, but also catamarans (whether he also borrows the local words or not); he can apply the word 'wedding' or 'funeral' to a wide range of practices which bear little resemblance to anything that would count, prototypically, as a wedding or funeral for most speakers of English.

Lyons 1981: 328

There is no definitive answer to Danchev's dichotomy. Translators can only gauge acceptability of loan-translations (and loans for that matter) on prevailing conditions with regard to the prestige of the source language and pride in and resourcefulness of the target language. Danchev is concerned with general translation, where equivalence between SL and TL expressions is usually only partial and varies according to context. In LSP terminology, by contrast, the existence of a term in the SL poses the need for a term in the TL to be sought or, if necessary, created and designated as a translation equivalent

terminology. Furthermore, there are powerful arguments in favour of them, as will be shown in the next section.

2.3 LSP AND TERMINOLOGICAL THEORY

In this section, I explain the basic notions of language for special purposes (LSP) and terminology, and explain the LSP view of term translation.

2.3.1 THE NOTION OF LANGUAGE FOR SPECIAL PURPOSES

The division of labor in the human economy naturally gives rise to certain linguistic divisions within a single language community. Farmers, fishermen, sailors, and builders from the earliest times developed certain language conventions not current among people uninvolved in the same activities since they employed certain formulas (e.g., *ship ahoy!*) and specific vocabulary (*oarlocks, forecastle*) not employed, often not understood, by people involved in other activities. This was the birth of what is often loosely called *technical language*, or what linguists call *language for special purposes* (LSP) as distinct from *language for general purposes* (LGP), which is the basic form of the language that facilitates communication between all members of the community.

LSP is distinct from other kinds of special use of language. Slang, for example, is a sociolect; it is not limited to people sharing the same activity. Jargon is a slightly derogatory term for LSP connoting opaqueness to noninitiates. It also denotes informal usage within LSP, e.g., *Eternal Care Unit, involuntary* in Western medicine, or terms that are superfluous or obscure, e.g., *ethanolism, pseudopseudohypoparathyroidism*, and *normochromia* (examples from Dirckx 1983: 131, 137, 139, 159, 159).

LSP is not separate from LGP; it is an integral part of it. It draws on the grammar and lexicon of the LGP, even though it possesses a distinct terminology and may favour certain constructions. Conversely, it can also feed the LGP with new words and expressions. This happens when the language community at large becomes acquainted with certain aspects of the speciality (*gross national product, voltage, camshaft, disk-drive, groundspeed, cold front*, etc.) and applies technical words in nontechnical senses (e.g., *microscopic, paranoid, dynamic, energy, interface*). The boundary between LGP and LSP is not clearly drawn.

Many attempts have been made to name criteria for distinguishing LSP from LGP (Möhn & Pelka 1984: 5–29; Picht & Draskau 1985: 1–12). The basic definition of LSP is a form of any given language used by individuals engaged in a common activity

for communication related to that activity. From this are derived two fundamental criteria for distinguishing LSP: a) its use is restricted to a social group involved with specific activities; b) its having a specific terminology relating the objects and concepts of the activity in question. It is notably on the basis of these two criteria that the language of Chinese medicine is unequivocally characterised as an LSP.

Beyond this, there are no conclusive criteria, but a number of tendencies have been identified in modern LSPs of European languages. As regards *language function*, LSP texts are characterised by the relative frequency of certain functions. Möhn & Pelka observe that of seven basic functions of language (descriptive, instructive, directive, metalingual, phatic, expressive, and isolating), those most salient in LSP texts are the descriptive, directive, instructive, and to a lesser extent the metalingual functions. The expressive and phatic functions are generally absent. Thus, in written LSP texts (and in the LSP content of spoken communication), expressive devices such as exclamations or interjections are not seen; nor are phatic devices such as indirect utterances (such as *I think you are standing on my foot* for *Get off my foot!*).

Another major difference between LGP and LSP lies in figurative expression. LSP shares with LGP the tendency to describe and name things by metaphor, but it differs by its relative lack of exocentric, or idiomatic, phrases. Thus, modern medicine, for example, may describe a structure metaphorically as *granular* or *reticular*, or name a part metaphorically, e.g., *hammer*, *anvil*, *oval window*, but it has no phrases in which constituent words have no actual referents in the context, such as *rip someone to shreds* (which involves neither ripping nor the production of shreds).

As regards *syntax*, terminologists have observed a high frequency of impersonal constructions such as verbs with inanimate subjects, passives (or their correlates such as the reflexive verbs), as well as a tendency toward nominal forms serving the aims of syntactical compression and of conceptual consolidation (Möhn & Pelka's *begriffliche Verfestigung*). In general, these syntactical features are not of central interest to this study since they relate largely to European languages. The specific features of Chinese medical terminology will be discussed in Chapter 5.

2.3.2 THE NATURE OF LSP TERMINOLOGY

The *lexical* feature of LSP is the primary linguistic feature of LSPs, and is central to this study. LSPs are each characterised by a special vocabulary or *terminology*, that is, by a set of lexical items that are unique to, or whose usage is unique to, the LSP domain in question. LSP terms are words or phrases that are either not used outside the domain in

question, or that are used in different senses than in other domains. In other words, LSP users make up new expressions or redefine existing ones to meet their special vocabulary needs.

Terminologists observe a threefold relationship between term, concept, and object known as the *semantic triangle* (originally proposed by C.K. Ogden and I.A. Richards in the 1920s). The term represents the concept, which is a mental representation of the object, which is the term's extralinguistic referent. The concept is made explicit through definition. A *well-motivated* term is one that represents the concept clearly, i.e., it includes or alludes to one or more of the features of the concept, that may or may not figure in the definition.

2.3.3 TERM FORMATION

Terms are formed in much the same way in the LSP as they are in the LGP. Any given language has a limited stock of words and morphemes available, and new terms are mostly formed in any language by giving old words new definitions (and in some cases new grammatical functions), by combining existing words or morphemes, or by borrowing a term from a foreign language. The categorisation of term-formation methods offered by Picht & Draskau (1985: 106) is as follows:

- | | |
|----------------------|------------------|
| 1. Terminologisation | 4. Conversion |
| 2. Compounds | 5. Loan-words |
| 3. Derivation | 6. Abbreviations |

These methods should be fairly self-explanatory. Terminologisation refers to the use of an existing word in the same sense in the LSP as in the LGP (e.g., *bone* in medicine), a more specific or specialised sense (e.g., *earth* in the electrical engineering sense) or to a metaphorical sense (e.g., *root* as part of a tooth, *tooth* of a cog wheel). Shift of word-class is a change in part of speech in the creation of a new term (e.g., the verb *to earth* in electrical engineering).

Which method of term formation is used and what feature of the concept is alluded to in the term, at least in fields where a term always represents a clearly defined concept, are questions of little consequence. A term is considered acceptable if it is well-motivated, that is, if it is sufficiently self-explanatory. Nevertheless, in reality, self-explanatoriness is not always easy to achieve. While some terms achieve this to a high degree (e.g., *electricity generator*), many concepts are not easily labelled with self-explanatory terms. It would be difficult to find a self-explanatory term for molecule (the literal meaning of

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the current name, ‘a little lump or mass’, is not helpful even to the few that can recognise it). Lack of self-explanatoriness matters little since in all modern disciplines a concept (especially an abstract one) is always well-defined. Even if a term is not self-explanatory, it is just as acceptable provided it is generally accepted. The fact that the atom, so named because it was unsplittable (Greek *a*, not; *tom*, cut, split), is now splittable does not mean that it has to be renamed, since the term is firmly established, and few people are aware of the literal meaning anyway.

Term-formation varies between languages to some degree because of grammatical differences and preference for certain methods. While compounding seems to be common to all languages, the methods by which words are combined vary. Noun + noun combinations are much less common in the Romance languages than in the Germanic. The French ‘noun + à + noun’ construction (e.g., *machine à écrire*) has no morphological equivalent in English or German; the formation of nouns by combining a verb with a noun is no longer productive in English (nouns like *scarecrow* and *pickpocket* are no longer constructed) as it is in French and Spanish (e.g., *brise-vent*, *casse-mottes*; *portaaviones*, *rompeolas*, *tocadiscos*); French and Spanish have no adjective-participle construction paralleling the English *slow-running*.

Terms arising in different languages for one and the same concept in different languages may describe or allude to different features of the concept. The fact that the English plumbing term *cock* was chosen on the grounds of a formal similarity of the object to a fowl, while the corresponding Spanish term *llave* was selected by a functional similarity to a door key is irrelevant. Although such differences may in some cases be fortuitous, the semantic properties of words available in other cases may exert an influence on choice. Again, the English *truck*, in the sense of a goods vehicle, is a derived term by back-formation of *truckle*, ‘to wheel’, which descended originally from Latin *trochlea* ← Greek *trokhilia*. The word *truckle* and *truck* entered the English language in the Late Middle English period, they soon came to be given a variety of extensions that prepared the way for *truck* to denote a goods vehicle. The German equivalent is *Lastkraftwagen*, ‘powered vehicle of burden’, a very self-explanatory compound. The word *trochlea* never entered the German language, and hence did not figure among the options. There are some obvious culture-bound preferences. In Chinese, the word for the culturally significant concept of the dragon appears in the term for water tap 水龍頭 *shuǐ lóng tóu* and handle-bars 龍頭 *lóng tóu*, as well as in numerous plant names (龍眼 *lóng yǎn*, longan; 龍膽草 *lóng dǎn cǎo*, gentian; 九龍吐珠 *jiǔ lóng tù zhū*, umbrella sedge; 玉龍鞭 *yù lóng biān*, Jamaica vervain). Sometimes terms chosen in different languages

highlight the same feature, but choose entirely different ways of doing so. When the incandescent lamp was invented, English speakers quickly began calling it a *light bulb*. Both elements of the term would have been obvious choices: *light* was chosen because the device in question emits light; and *bulb* was probably chosen because, although it originally meant an onion, it had since come to be used to denote any spheroidal dilatation of the end of an organ, and later the dilated end of a glass tube (as in the *bulb* of a thermometer—and of course the light bulb is produced in a similar way to this). In German, neither *Zwiebel* nor *Knolle* had gained any extensions similar to those of *bulb*, hence were unlikely candidates; the preferred image was that of the pear, *Birne*. This was combined with the word *Glüh*, glow, which German scientists have consistently preferred in denoting artificial light sources (*Licht* tends to refer to light as a general phenomenon).

2.3.4 TERMINOLOGICAL RIGOUR

Terminologists are concerned with ensuring the effectiveness of terms in representing concepts. In particular, they are concerned with motivation of terms, the unity of term and concept, and definition of terms.

Ideally, a term should be well motivated, that is, it should reflect the concept clearly and be self-explanatory as far as possible. *Electricity generator* is a well motivated term because it tells us the chief functional characteristic of the object. *Eczema*, on the other hand, is a poorly motivated term because its literal meaning is ‘boiling over’ (from Greek *ekzein*), which, although it may have been meaningful to physicians of ancient times, does not reflect the modern etiology, and besides the literal meaning is obscure to most of its modern users. Nevertheless, we could say that *eczema*, though semantically poorly motivated, is socially positively motivated since everyone accepts the term.

Unity of term and concept is the ideal that each term should represent one concept only, and that each concept should be represented by one term only. In other words, polysemy (multiple meanings of a single term) and synonymy (multiple terms representing a single concept) should be eliminated as far as possible. In the LGP, words naturally overlap in their meaning. The English words *big* and *large*, *answer* and *respond*, *upper* and *superior*, etc., are synonymous in some cases. In the LGP, this overlapping is usually seen to serve a purpose (in the examples given, the Germanic words and the Latinate counterparts can mark a difference in style). In modern LSPs, however, where terms do not have any connotation or any stylistic usage (a point that I shall take up again shortly), unity of term and concept is considered to enhance unequivocal communication, and hence terminological standardisation is usually considered desirable and necessary. As Sager points

designations (Sager 1998b), and this in turn requires that each one be clearly defined. In technological fields, the work of standardisation is carried out by industry-supported standardisation committees that are organised into national standards institutes, often with national government assistance (Sager 1998b). The resources that have to be mobilised reflect the importance accorded to the task. Nevertheless, the task of standardisation is difficult, and the unity of term and concept is an ideal that is rarely, if ever, fully achieved. Deviation from the ideal can at times be acute (see, for example, Pilegaard 1997: 162).

2.3.5 TERMINOLOGICAL TRANSLATION

When bodies of knowledge are transmitted from one language community to another, equivalents have to be found in the TL for the SL terms. Terminology theory offers no specific guidelines for the initial translation of terms from one language into another. The criteria for judging the acceptability of a term in any target language are the same as for any language; the most important thing is that the term in any language should represent the concept clearly and gain general acceptance. Thus, the question of translation is circumvented altogether. Terms are not translated; rather, parallel terms are created in the target language. Indeed, the formation of terms in a target language is considered to be an act of *secondary* term formation rather than translation. Consequently, terminology theory provides no answers to questions central to the present study, namely, how terms should be translated into, or how they should be formed in, the target language is of no concern in the field of terminology. Nevertheless, this is only theory. In practice, source-language terms are regularly borrowed or provide the model for the creation of terms in a target language. There are several reasons for this.

Firstly, terminologists are aware that when a knowledge corpus is in cross-cultural transmission the existence of the term in the language of the community from which the knowledge is being transferred constitutes an influential precedent that the originators of the concept did not have (Sager 1998a). I would suggest that such a precedent is all the more influential when the lending community is accorded prestige by the receiving community, as is often the case.

Secondly, one fundamental observation of terminologists is that many LSP terms are ordinary LGP terms used in their LGP sense. The anatomist, for example, uses thousands of technical terms to describe the body in the finest detail. However, the words for major body parts such as *head*, *nose*, *ear*, *hand*, *leg*, *foot*, etc., are just as much LSP terms as *platysma*, *os sphenoides*, or *choroid*. Similarly, the botanist's *leaf*, *root*, and *stem* are just as much LSP terms as *cotyledon*, *hilum*, and *rhizome*. Although LGP, unlike

Terms of this kind tend to have LGP equivalents in different languages. Thus, in anatomy, the equivalents of the English *head* are predictably *tête* in French, *cabeza* in Spanish, and *Kopf*, in German, and 頭 *tóu* in Chinese. When a whole terminology is translated from one language into another, LGP items are usually translated with the equivalent LGP terms. This is not merely a question of convenience, but a matter of preserving in the TL the consensus reality of the layman. If LGP terms are not translated with LGP equivalents, unnecessary opacity is introduced in the TL. As we shall see, avoidance of LGP equivalents in the TL of LGP terms in the SL has been a major problem in Chinese medicine (see 6.2.2, Porkert's Terminology).

A third reason for close translation of SL terms lies in a major semantic characteristic of terms that relates to the functions of language and kinds of meaning. Just as LSPs are generally characterised by the absence of the expressive and phatic functions of language, so terminology is characterised by a simple relationship between *sign* (the term) and concept or referent that it *signifies*. The complexity of meaning that creates difficulties for translator in LGP texts is virtually non-existent for the term translation. In LSPs, words (and morphemes) are usually used in specific primary LGP senses, or in specific LSP extended senses. Terms are chosen that perform this function of representation without specific affective or expressive connotations. Physicians do not, in their specialist communications, talk about the *cakehole*, the *tummy*, the *mawlers*, or the *tootsies*; rather they use the standard words *mouth*, *stomach*, *hands*, and *toes*. Affective and emotive connotation generally plays no role within the LSP domain itself (Fluck 1985: 34). Terms may gain connotations when used outside the domain (see, for example, Hatim & Mason's discussion of racist use of sociological terminology, 1990: 141–142, 161–162), but in general they do not assume any expressive function in the LSP domain itself. In Baker's fourfold division of propositional, expressive, presupposed, and evoked meaning (see 2.1.3.6, Lexical Translation), propositional meaning is of paramount importance while expressive meaning plays virtually no role at all. Furthermore, in term formation (primary or secondary), existing collocational restrictions, though often applied, may also be ignored since an unusual usage highlights a term as special. By the same token, various aspects of register may be largely borrowed from other fields, but they can also be created. All aspects of meaning evolve with the development of terminology.

A fourth reason concern metaphor, which although widely used in terminology, is used exclusively for descriptive purposes; it is not used for the expressive purposes that it has in the LGP and particularly in creative literature. As will become apparent further ahead, this is just as much the case in an ancient knowledge corpus such as Chinese

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medicine as it is in modern disciplines such as Western medicine. The significance of this in the realm of translation is that LSP equivalents of LSP terms are often easy to find, and that loan-translation is usually possible.

A fifth and final reason is related to the question of the acceptability of introducing neologisms (loans or loan-translations) in translation (discussed under 2.2.4, Interlingual Influence and Translation). Whatever resistance there is to borrowing in literary or other forms of LSP translation, it is much less prevalent in the realm of LSP terms. The need for unequivocal denotation predisposes LSP users to the acceptance of neologisms (either new terms or old terms used in new senses), and in so doing, defuses conservative antipathy toward 'foreign expressions', whether these be of foreign origin or have a foreign model.

In the field of Chinese medicine, there is one further and very important reason why the source-language term rather than the concept should form the basis for choosing the target-language equivalent. Although the language of Chinese medicine is classed LSP according to the basic social and linguistic criteria, it differs from scientifically based modern LSPs as regards terminological rigor. In over two thousand years no concern has evolved to achieve unity of concept and unequivocal definition as is seen in modern LSPs. In the absence of crisply delineated concepts, the aim of source-orientation in translation the creation of a TL terminology that in its formal characteristics closely resembles the SL terminology.

Many insights into term translation are potentially to be gained from investigating comparable instances of successful terminological translation. Unfortunately, the transmission of Chinese medicine is subject to the same conditions in non-English-speaking parts of the West as in English-speaking countries, so we have nothing to learn from them. We do know that Chinese medical knowledge has been successfully transmitted from its homeland to Japan and Korea. Nevertheless, this experience is of no help to us since in neither case were terms translated. Both Japanese and Korean adopted Chinese medicine as part of a large cultural package, which included a writing system. Though both Japanese and Korean in time developed their own scripts that have partly (in the case of Korean almost fully) displaced Chinese characters, they have never entirely discarded them. Japanese, for example, uses Chinese characters to mark the stems of many nouns and verbs, and its native *kana* for grammatical particles. In both Japanese and Korean texts of Chinese medicine, all the technical terms of Chinese origin appear in Chinese script (although they are of course pronounced differently). The problem of translating the Chinese terms was avoided altogether. Nevertheless, in Japanese, the Chinese terminology

was adopted at expense of clarity since phrasal terms reflecting the typical subject-verb-object order of Chinese, such as 清熱解毒 *qīng rè jiě dú*, clear heat and resolve toxin, do not comply with the subject-object-verb word-order of Japanese.

Within the field of Chinese medicine, therefore, no precedent for the successful translation of terms exists. We therefore have to look to other fields. Western medicine has the merit of being a subject area dealing with the same subject and of having been transmitted successfully across culturo-linguistic frontiers. An investigation of the translation of Western medical terminology provides the subject of the next chapter.

CHAPTER 3

WESTERN MEDICINE: A PRACTICAL MODEL OF SOURCE-ORIENTED TRANSLATION

The suggestion that a particular kind of term-formation might be most appropriate in the TL of a given discipline is convincing when it can be demonstrated that that kind of term-formation has been successfully used in practice in some comparable realm. To show that a translation approach is applied in practice does not in itself permit any evaluation of the approach. Nevertheless, where the goal of translation is the transmission of a knowledge corpus, the success of the transmission constitutes an objective measure of the translation method chosen. Western medicine provides a good model for investigating translation processes because it has been transmitted successfully through the medium of translation.

I begin this chapter by describing term-formation methods in Western medicine as applied in terminological translation from Latin into German and English. Medicine is one of the older sciences of the West. For most of its long history, Latin was the language of scholarly discourse among physicians throughout Europe. In its earlier stages, terms were devised in Latin, and only later were vernacular equivalents formed. Although we can barely speak of a transmission process in a geographical sense (the TL-community was after all only part of a wider European SL-community using Latin as a *lingua franca*), there was nevertheless a transmission process in a temporal sense. After analysing English and German terms, I move on to determine the term formation processes in the translation of terms from European languages into Chinese, where of course we *can* speak of transmission in the geographical sense.

The analyses show a source-orientation (LGP equivalents, loans, and loan-translations) in all three cases, but marked differences in the actual form it takes. By analysing the tendencies and the factors influencing them, it will be possible to envisage what trans-

lation approach would be used to translate Chinese medical terms into English in a healthy transmission process.

3.1 GERMAN AND ENGLISH TRANSLATION OF LATIN MEDICAL TERMS

3.1.1 FORMATION OF LATIN TERMS

Latin medical terms, like terms in almost any LSP, were formed by a variety of different methods. When naming parts of the body, for example, physicians naturally used the vocabulary of LSP Latin so far as it went. The words *caput*, *oculus*, *cutis*, *sanguis*, *cor*, *renes*, etc., were the ordinary everyday Latin words for ‘head’, ‘eye’, ‘skin’, ‘blood’, ‘heart’, ‘kidneys’, and these served medical purposes adequately. Nonetheless, as physicians began to observe more detail in the human body, they faced the difficulty that they had more concepts than everyday Latin had words for. They met the need for additional vocabulary by devising new terms out of existing Latin lexis or borrowing from Greek. They did this in a number of ways. They used words in a metaphorical sense, e.g., using the word *pelvis*, lit. ‘basin’, to name the basin-shaped cavity formed by the ilium, ischium, and pubis; or *atrium*, lit. ‘entrance hall’, to name the upper chambers of the heart. They also used words in a specialised, or narrow, sense, such as *corium* and *dermis*, which both originally meant simply ‘skin’ in Latin and Greek, respectively, but which were used to denote a particular layer of the skin in anatomy; similarly, they selected *cerebrum*, originally meaning brain, to represent a specific part of this organ. Sometimes, they used adjectives to qualify generic nouns, e.g., *os nasale*, ‘nasal bone’. They also derived new words by combining morphemes, e.g., *pericardium*. In more complex terms, combinations of these methods were used, e.g., *musculus sternocleidomastoideus*, the sternocleidomastoid muscle (the muscle connecting the sternum, clavicle, and mastoid process of the temporal bone). The Latin terminology of medicine drew not only on Latin lexis, but also made extensive use of Greek words and morphemes (all four content morphemes of *sterno|cleido|mast|oid|eus* are of Greek origin).

Metaphors are drawn largely from the realm of nature, but more commonly from man-made structures and artifacts.

The body itself

223. *cervix (uteri)*, ‘neck’

224. *ventriculus (cordis)*, ‘little belly’

225. *capitulum (fibulae)*, ‘little head’

226. *labium (pudendi)*, ‘lip (of the pudendum)’

Nature

227. *mons*, ‘mountain’

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228. <i>lymph</i> , ‘water’	241. <i>sulcus</i> , ‘furrow’
229. <i>cochlea</i> , ‘snail’	242. <i>porta</i> , ‘gate’
230. <i>crista galli</i> , ‘cock’s crest’	243. <i>atrium</i> , ‘entrance hall’
231. <i>musculus</i> , ‘little mouse’	244. <i>thalamus</i> , ‘living room’
232. <i>lumbricales</i> , ‘wormlike’ (muscles)	245. <i>patella</i> , ‘dish’
233. <i>cauda equina</i> , ‘horse tail’	246. <i>acetabulum</i> , ‘vinegar pot’
Plants	247. <i>ampulla</i> , ‘bottle’
234. <i>uvula</i> , ‘little grape’	248. <i>scrotum</i> , ‘quiver’ (arrow pouch)
235. <i>glans</i> , ‘acorn’	249. <i>vas</i> , ‘jug’
236. <i>ramus</i> , ‘branch’	250. <i>placenta</i> , ‘cake’
237. <i>cortex</i> , ‘bark’	251. <i>stapes</i> , ‘stirrup’
238. <i>lens</i> , ‘lentil’	252. <i>malleus</i> , ‘hammer’
Man-made structures and artifacts	253. <i>incus</i> , ‘anvil’
239. <i>fossa</i> , ‘ditch’	254. <i>vomer</i> , ‘ploughshare’
240. <i>columna</i> , ‘column’	255. <i>trochlea</i> , ‘pulley’
	256. <i>clavicula</i> , ‘little key’

3.1.2 METHODS OF TRANSLATION

In the translation of Latin terms into vernacular languages, four different approaches are reflected in different types of equivalent: LGP equivalents, loans, loan-translations, and terms formed independently of the SL term.

LGP equivalents are equivalents in the TL of words used in the SL in the same sense in medical terminology as they are in the everyday language. *Fuß* and *foot* are the German and English equivalents of the Latin *pes*. In Western medicine, terms of this category are mostly names of gross body parts, organs, and basic substances, for which equivalents exist in most languages. They are relatively few, since the layman does not distinguish the great anatomical and physiological detail that physicians observe and consequently have to name. Nevertheless, many of these LGP terms are commonly used in medicine.

Loans are the words directly borrowed from the SL. Borrowed words may retain their original form in the TL (e.g., English *septum*, *atrium*), but many undergo change during or after the borrowing process (e.g., *muscle* ← Fr. *muscle* ← Latin *musculus*).

Loan-translations are terms that are formed in the same way in the TL as in the SL. The Latin *iris* comes from the Greek for ‘rainbow’, and its use by physicians to represent a part

of the eye was a metaphorical usage. The German *Regenbogen* is simply a reproduction of the metaphor.

Source-independent formations are terms created in the TL without consideration of the form and content of the SL term. An example in German is *Schlagader* (lit. ‘beating vessel’) as an independent formation for *arteria* (which originally referred to the wind-pipe).

Apart from LGP equivalents, loans, and loan-translations, there are also hybrid varieties such as English *sphenoid bone* for the Latin *os sphenoides*, where ‘sphenoid’ is borrowed and *os* is translated.

Loans and loan-translations are source-oriented approaches to translation. Source-independent formations are target-oriented. LGP equivalents are relatively neutral with regard to orientation.

Let us now examine how the German and English equivalents of basic Latin medical terms fit into these four categories.

3.1.3 LGP EQUIVALENTS

All languages have words for parts of the body. The number of body parts labelled in the LGP form of each language may vary, and the body parts covered by the vocabulary may vary from one language to another. As has been noted, French and German have no terms for *knuckle*, French none for *shin*, and in Russian there is no distinction between *hand* and *arm* (Pilegaard 1997: 162). Nevertheless, many body parts are clearly circumscribed, and have equivalents in most languages (‘head’, ‘neck’, ‘elbow’, ‘eye’, ‘nose’, etc.). Not surprisingly, this area of Latin vocabulary was easily translated into the vernacular languages of Europe without any difficulty. The table below shows the English and German equivalents of Latin medical terms used in their LGP meanings.

Table 1. LGP equivalents in German and English Western Medical Terms

German	← LGP ←	Latin	→ LGP →	English
Kopf		<i>caput</i>		head
Auge		<i>oculus</i>		eye
Mund		<i>os</i>		mouth
Knochen		<i>os</i>		bone
Haut		<i>cutis</i>		skin
Blut		<i>sanguis</i>		blood
Hand		<i>manus</i>		hand

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Knie	<i>genu</i>	knee
Nagel	<i>unguis</i>	nail
Leber	<i>jecur, hepar</i>	liver
Milz	<i>lien, splen</i>	spleen
Herz	<i>cor</i>	heart

3.1.4 LOANS AND LOAN-TRANSLATIONS

While the LGP terms could be translated from Latin into other languages on the basis of LGP equivalence, the other terms that physicians had invented in Latin were dealt with in different ways: loan, loan-translation, or source-independent formation. These options were used to different degrees in different languages. In keeping with tendencies already explained in the previous chapter, German tended to use loan-translation (at least in earlier stages), while English has consistently tended to simply adopt the Latin terms, as the following table shows.

Table 2. German Loan-Translations and English Loans in Western Medicine

German	← <i>loan-transl.</i> ←	Latin	→ <i>loan</i> → English
Darmbein		<i>ilium</i>	ilium
Schlüsselbein		<i>clavicula</i>	clavicle
Wirbelsäule		<i>columna vertebralis</i>	vertebral column
Speiche		<i>radius</i>	radius
Herzvorhalle		<i>atrium</i>	atrium
Zwölffingerdarm		<i>(intestinum) duodenum</i>	duodenum
Blinddarm		<i>(intestinum) cecum</i>	cecum
Becken		<i>pelvis</i>	pelvis
Nierenbecken		<i>pelvis renalis</i>	renal pelvis
Pförtner		<i>pylorus</i>	pylorus
Vorsteherdrüse		<i>(glandula) prostata</i>	prostate (gland)
Eistock		<i>ovarium</i>	ovary
Regenbogen		<i>iris</i>	iris
Bindehaut		<i>(tunica?) conjunctiva</i>	conjunctiva
Netzhaut		<i>(tunica?) retina</i>	retina
Hornhaut		<i>cornea (tela)</i>	cornea
Schleimhaut		<i>membrana mucosa</i>	mucous membrane
Scheide		<i>vagina</i>	vagina
Keilbein		<i>os sphenoidum</i>	sphenoid bone

Amboß	<i>incus</i>	incus
Steigbügel	<i>stapes</i>	stapes
Pflugscharbein	<i>vomer</i>	vomer

The extent of borrowing in English is extensive. Latin words have in some cases replaced ordinary English expressions (as *abdomen* has replaced *belly*) or have come to stand by them as optional equivalents (e.g., *cutis/skin*). Some medical loans entered English via French (*muscle*, *renal*). Many have undergone change, e.g., the loss of adjectival endings (*sphenoideus* → *sphenoid*) and certain contractions (*auricala* → *auricle*).

As can be seen from the examples in German, loan-translation is typically a literal word-for-word (or word/morpheme-for-word/morpheme), e.g.: *iris* → *Regenbogen*; *vagina* → *Scheide*; *incus* → *Amboß*. Nevertheless, strictly speaking, it is inaccurate to describe all loan-translations as ‘literal’ or ‘word-for-word’. The Latin *iris*, ‘rainbow’, ‘halo’, for example, is recreated in German in the form of *Regenbogen*, but while the Latin (originally Greek) word is primary, the German is a compound (as our English *rainbow*). Similarly, the German *Steigbügel* (*steig*, mount; *bügel*, shaped piece of metal) is a referential match (‘stirrup’), but not a literal match of the Latin *stapes* (believed to have a Germanic origin akin to our English *step*, but assimilated to *sta(re)*, to stand + *pes*, foot). Suffice it to say at this point that the choice of *Steigbügel* does not rest on the individual components of the German term, but the fact that the term conventionally refers to the same concept (‘stirrup’) as *stapes*. The linguistic realisation of this concept is different in German than in Latin, but it is the concept of the ‘stirrup’ that motivates the choice of *Steigbügel* in German. Because *Steigbügel* is, in an important sense, not a literal translation of *stapes*, I call it a *semantic translation*. This will be discussed further in 7.2.1 (Motivating Sense and Semantic Translation). Note that, in deference to convention, I use *literal* equivalent/translation in a generic sense of strictly literal and semantic equivalent/translation.

A further reason why we cannot speak of literal, word-for-word (or morpheme-for-morpheme) translation in any precise sense is that the translation sometimes contains an additional element. In a number of terms, the German supplements loan-translation to one degree or another. German has a greater tendency than Latin to form new vocabulary by compounding. Although some of the single-root Latin metaphors were simply translated into German (e.g., *radius* → *Speiche*; *iris* → *Regenbogen*, *vagina* → *Scheide*), others were expressed with a semantic translation in addition to a generic element, e.g., *Tympanum* → *Trommelfell*, lit. ‘drum skin’ (we might note that a similar thing was done with the En-

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that were dropped in Latin could not be dropped in German: *Zwölffingerdarm*, *Vorsterdrüse*, *Bindehaut*. The diminutive forms of Latin, which are often virtually meaningless (compare the large *malleolus* of the ankle with the tiny *malleus* of the ear), were often disregarded by German translators (with notable exceptions such as *cerebellum*, *Kleingehirn*, which contrast with *cerebrum*, *Großgehirn*).

In loan-translations, some of the elements are not translated exactly. The final element of *pylorus* means ‘guard’ or ‘keeper’, which is simply rendered into the German with the agentive *-er*, as *Pförtner*. In particular, certain noun endings in Latin that came to have specific meanings in medicine could only be reproduced by full lexicalisation: *ovarium* becomes *Eierstock*, *hepatitis* becomes *Leberentzündung*. Furthermore, loan-translation does not necessarily involve replication of word-classes. German very often realises with noun compounds what Latin achieves with a noun qualified by an adjective (e.g., *Nierenbecken* for *pelvis renalis*). Despite these differences, the TL equivalents are nevertheless clearly modelled on the SL terms.

The German terminology invites us to consider whether a distinction between LGP terms such as *Fuß*, *Nagel*, and *Niere* and loan-translations such as *Scheide*, *Pförtner*, and *Speiche* is valid. All these words are of pure Germanic stock. Nevertheless, *Fuß*, *Nagel*, *Niere* were LGP German words that matched the Latin LGP *pes*, *unguis*, and *ren* (indeed, the first two pairs are cognates), and like the Latin words are used in their primary sense, whereas the last three words meaning ‘sheath’, ‘gatekeeper’, and ‘spoke’, were adopted in the LSP to represent a female reproductive organ, the opening from the stomach into the duodenum, and a bone of the arm, respectively, by reproducing the Latin metaphors in the native lexis. The distinction between the LGP and LSP categories is much more apparent in English, where we find *pes*, *unguis*, and *ren* translated as *foot*, *nail*, and *kidney*, while *vagina*, *pylorus*, and *radius* are borrowed.

In the early stages, German borrowing from Latin was comparatively rare. A few examples are listed below:

Table 3. Loans in Both German and English

German	← loan ←	Latin	→ loan →	English
Nerve		<i>nervus</i>		nerve
Muskel		<i>musculus</i>		muscle
Zelle		<i>cella</i>		cell
Bizeps		<i>biceps</i>		biceps
Phalanges		<i>phalanges</i>		phalanges
Mundschleimhäute		<i>membranosa</i>		membranosa

It is important to realise that the German preference for loan-translation over classical internationalisms has changed radically over the last hundred years or more. Although there is still a strong tendency to make use of words of Germanic stock, few compounds now do not contain classical words and morphemes. In the following examples, German synonyms are followed by their English equivalents in parenthesis.

- 257. Lungenbläschen, Lungenalveolen (E. pulmonary alveoli)
- 258. Pneumorrhaphie, Lungennaht (E. pneumorrhaphy)
- 259. Geschwulst, Tumor (E. tumor)
- 260. Wassersucht, Ödem (E. oedema)
- 261. Trommelfellentzündung, Myringitis (E. myringitis)
- 262. Fibulaschaft, Corpus fibulae (E. shaft of fibula, corpus fibulae)
- 263. nichtossifizierendes Fibrom, Fibroma nonosteogenes (E. nonossifying fibroma)
- 264. Herztrauma, Hertzverletzung (E. cardiotrauma)
- 265. Magenresektion, Gastrektomie (E. gastrectomy)

Loan-translation is not normally used in English. There are a few exceptions: *blood vessel* is a loan-translation of *vas sanguineum* (*vessel* being counted as a different word than *vas* even though it is actually derived from *vascellum*, a diminutive form of the latter). *Ear drum* is a loan-translation of *tympanum* that is used in the LGP more than in medical LSP. *Hammer*, *anvil*, and *stirrup* are sometimes given as explanatory synonyms for the Latin *malleus*, *incus*, and *stapes*. These exceptions will be taken up shortly in 3.1.6 (Relationship Between Methods).

3.1.5 SOURCE-INDEPENDENT FORMATIONS

Source-independent formation is the creation of an entirely new term whose literal meaning is entirely different from the TL. It is seen in German, but not in English. A few examples are given below:

- arteria* → *Schlagader* (lit. 'beating vessel')
- scrotum* → *Hodensack* (lit. 'testicle sack')
- ascites* → *Bauchwassersucht* (lit. 'belly water sickness')
- glandula* → *Drüse* (lit. 'a swelling')

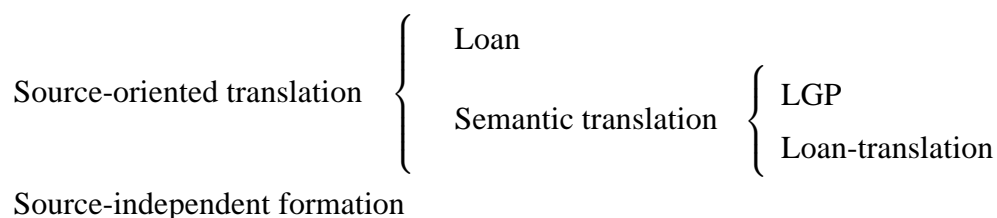
It should be noted that the borderline between source-independent formations and loan-translation is not always clear-cut. The German equivalent of *appendix* (*vermicularis*), (*Wurm*)*fortsatz*, does not correspond exactly, since *Fortsatz* means 'continuation',

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trculus cordis, *Herzkammer* ('heart chamber'), matches the Latin on the generic element (heart), but not on the specific element (*ventriculus* means 'little belly'). The German *Großgehirn*, 'large brain', supplies 'large' missing in the Latin *cerebrum* (compare *Kleingehirn*, 'small brain', for the Latin diminutive *cerebellum*).

3.1.6 RELATIONSHIPS BETWEEN METHODS

Despite the difference between LGP equivalents such as *Fuß*, *Nagel*, and *Niere* on the one hand and loan-translation equivalents such as *Scheide*, *Pförtner*, and *Speiche* on the other, they are all *semantic equivalents*. Semantic translations and loans together constitute source-oriented translation. Thus the German LGP terms *Fuß*, *Nagel*, and *Niere* and the English *foot*, *nail*, and *kidney*, the German loan-translations *Scheide*, *Pförtner*, and *Speiche* and the English loans *vagina*, *pylorus*, and *radius* all fall within the category of source-oriented translation. Only source-independent formations such as *Schlagader* and *Herzkammer* constitute deviation from source-oriented translation. This can be expressed schematically as follows:



3.1.7 FACTORS INFLUENCING CHOICE OF METHOD

In the examples given above, the scope of translation by LGP equivalents is co-extensive in English and German. Most languages would appear to have words for these salient body parts, and it not surprising that equivalents exist between three related European languages in this domain. In fact, 5 of the 13 terms in Table 1 are cognates in all three languages (the words for eye, foot, knee, nail, and heart), while 9 of the 13 are cognates between English and German (the above plus the words for mouth, blood, hand, and liver).

The variation in the degree to which loan, loan-translation, and source-independent formation are used in English and German is a matter of language-specific convention. The influence of the languages of Scandinavian and Norman invaders on Old English set a trend for borrowing; German on the other hand has remained, though decreasingly of late, more conservative in its lexical preferences.

In English, direct borrowing is the general rule, but as we saw, *malleus*, *incus*,

these cases, I would suggest loan-translation is related to the nature of the metaphor. Most metaphorical terms for names of parts involve a comparison of accidental formal characteristics that have no medical significance. The metaphors involved in *atrium* and *ventricle* are purely formal and are justified only by the want of a name. In the case of *malleus* and *incus*, there is a functional relationship, since the *malleus* beats against the *incus* just as the blacksmith's hammer beats against the anvil. The loan-translation in this case is meaningful since it is not simply denominative but also explanatory. I point out this anomaly because functional metaphor is more prevalent in Chinese medicine.

One might wonder why German ended up with the Latin-derived terms *Nerve*, *Muskel*, *Zelle*, and *Bizeps* for such basic concepts. The Latin *nervus* (and the Greek *neur-*), which originally meant sinew, might have been rendered in German by *Sehne*, just as it was rendered in Dutch as *zeenuw*. The reason may be that *Sehne* was designated as the equivalent of *tendo* (while in Dutch, *pes* was designated as the equivalent of tendon.). Less clear is why the Latin *musculus*, etymologically the diminutive of *mus*, 'mouse', was not translated into its cognate *Mäuschen*. *Zelle* may have been adopted in the anatomical context because the word had already entered the language through Church Latin, but anyway by the advent of cellular biology, classical neologisms were becoming more common in German in a general European trend toward 'internationalisms'.

German provides several examples of source-independent formations, which in most cases appear to have arisen where loan-translation was problematic either because corresponding words or morphemes were lacking in German or because the resulting term was poorly motivated (often because the Latin term itself was poorly motivated). Latin *arteria* was translated as *Schlagader* (lit. 'beating vessel'), probably because any attempt at loan-translation would have floundered on the obscure etymology (it originally meant 'windpipe' in Greek). The loan-word *Arterie* has nevertheless firmly asserted itself. The *ventriculus cordis* was translated not semantically, but as *Herzkammer* (lit. 'heart chamber'), the inspiration probably coming from *atrium*, the name of the contiguous chamber, which is translated semantically into German as *Vorhalle*, 'entrance hall'. German neatly unmixed the metaphors. Why *glandula*, 'a little acorn', was translated as *Drüse*, a swelling, rather than literally as *Eichel* or *Ecker* is not entirely clear. One reason may be that *Eichel* was chosen to serve as a loan-translation for *glans penis*. *Ascites* is a Latin loan from Greek derived from *askos* meaning 'leather bag' or 'wineskin'. Here, German opted against loan-translation (*Weinschlauch*) in favour of a new term *Bauchwassersucht*, lit. 'belly water sickness'. The most likely reason for this is that *ascites* is not self-explanatory even for someone who knows Greek; the source-independent formation, by contrast, is a

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much better motivated term since it a) provides a generic (sickness), b) tells us the location (abdomen), c) and the nature (water accumulation). A semantic translation of *scrotum*, which literally meant ‘arrow pouch’ or ‘quiver’, into *Köcher* was apparently not deemed as self-explanatory as *Hodensack*, lit. ‘testicle bag’, for similar reasons.

Source-independent formation in practice appears to be related to loan-translation. In German, it is used, but far less than loan-translation. This suggests that it is a second attempt to express an idea and native lexis, made only when loan-translation fails to produce a well-motivated term. In English, the tendency to simply borrow the Latin term effectively forecloses the need for source-independent formation.

Table 4. Term Types and Translation Modes

LGP Terms		LSP Terms
	First Choice	Second Choice
LGP	Loan	—
equivalent	Loan-translation	Source-independent formation

When terms are independently chosen in each language without reference to the terms of another language, one would naturally expect them to differ in method of formation and literal meaning from one language to another. I gave examples of this in 3.1 (German and English Translation of Latin Medical Terms). Why, then, in the early translation of medical terminology from Latin, should translation have been source-oriented?

One reason is that source-oriented translation was a feasible option. English had a tradition of borrowing from French and Latin, and had already established methods for minimal Anglicisation of Italic vocabulary. In German, loan-translation was preferred. In most cases, German terms just as, if not more, intelligible than the originals could be fashioned out of German words on a Latin pattern, as many examples have shown. The Latin terms are formed by nouns representing body parts, organs, etc., combined with nouns or adjectives describing key physical or functional features (e.g., *membrana mucosa*, *intestinum duodenum*); many terms are formed by metaphor (e.g., *vagina*, *atrium*, *iris*). German lexis evidently shares with Latin sufficient correspondences in each realm (body parts, descriptive adjectives, and source domains of metaphor) to allow basic medical terminology to be constructed on a Latin model.

In particular, the Latin metaphors seem to make use of words commonly used in the LGP that have a high degree of universality. The Latin metaphors carried over into German come from domains common to both Latin and German speakers.

Nature

iris → *Regenbogen*, ‘rainbow’

ovum → *Ei*, ‘egg’

cornea (from *cornu*) → *Horn*, ‘horn’

glans → *Eichel*, ‘acorn’

Artifacts and Architecture

clavicula (diminutive of *clave*) → *Schlüssel*, ‘key’

radius → *Speiche*, ‘spoke’

pelvis → *Becken*, ‘basin’

retina, ‘from *rete*’ → *Netz*, ‘net’

vagina → *Scheide*, ‘sheath’

sphenoideus, ‘from Greek *sphen*’ → *Keil*, ‘wedge’

malleus → *Hammer*, ‘hammer’

incus → *Amboß*, ‘anvil’

stapes → *Steigbügel*, ‘stirrup’

vomer → *Pflugscharbein*, ‘ploughshare bone’

atrium → *Vorhalle*, ‘entrance hall’

Social Realm

prostata, (from Greek *prostatēs*) → *Vorsteher*, ‘one standing before’

pylorus, (from Greek *pylē* + *ouros*) → *Pförtner*, ‘gate-keeper’

Semantic equivalents in German were obviously at hand in German. The largest category is that of artifacts (whether it would remain the largest category in a larger selection of terms is another matter), but all the artifacts in question are shared by the Latin and German language communities. Noteworthy here is that even though English borrows all of the Latin terms in question, all of the metaphors could theoretically have been rendered in ordinary English vocabulary, as the accompanying English words show (and not surprisingly, half of these are cognates of the German words). English merely succumbed to a preexisting habit of borrowing in which form is more important than meaning.

It might be noted parenthetically that in a couple of instances one suspects inexact loan-translations. The Latin *os sacrum*, ‘sacred bone’, is so called because of an ancient

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Osiris, god of resurrection and regeneration. The translation of *Kreuzbein*, ‘cross bone’, uses a metaphor that barely captures the shape (it is described as cuneiform, not cruciform) and replaces the pagan symbol with a Christian one. The term *iris* in the LGP meant ‘halo’ and ‘iridescent crystal’ in addition to the primary meaning of *rainbow*. The extended senses appeared to strengthen the motivation of the anatomical usage, and their absence in the meaning of the German *Regenbogen* weakens the motivation of the loan-translation.

A second reason for source-orientation was that Latin was the *original* language of medicine, the source language, and Latin terminology was the standard that stood above all vernacular terminology (and indeed to this day, Latin constitutes the official international standard of anatomy). The vernacular languages were thus in a state of *source-dependency*. In such a situation, those responsible for coining terms would appear to have first looked to the SL term with an eye to borrowing or to gaining inspiration in the formation of a TL term. Loan and loan-translation are considered before building terms directly from the concept.

A third reason was that source-orientation was probably desirable for practical reasons. Loans and to a lesser extent loan-translations help to preserve the lexical relationship of the TL term to the SL term. Preserving formal similarity between SL and TL terms is important for people working in specialised fields in languages that are source-dependent. An SL term that is well motivated is, in theory at least, equally well-motivated when borrowed by the TL language for those who understand the source language, even though in practice its good motivation is partly lost for those for whom the terms are opaque. Where the term-formation conventions of a language tend to avoid direct loans, a semantic translation is often the easiest or even the only practical method of term-formation. Loan-translation is a first choice when the SL term is well motivated and the TL has the resources to replicate it. It is even more likely to be applied in the translation of compound terms whose component parts in themselves constitute LSP terms and which form part of a system of terms. For instance, Western medical pathology regards inflammation as an important category of disease. A disease involving inflammation is named as such, usually in combination with a body part. In this case, the TL terminology has no option but to use loan-translation in order to preserve the systematicity in naming. In practice, the choices of term-formation are often confined to narrow limits.

Loan occurs despite the high price that often has to be paid for it as regards intelligibility. Latin and Greek loans in English are opaque, and in German even more so. In medicine, the problem of opaque terms is so acute for medical students that it has to be solved by special courses in medical terminology (Fluck 1985: 91). For the increas-

ing numbers of English speakers who have not studied Latin and Greek, the metaphors of *pelvis*, *vagina*, *clavicle*, and *atrium* are dead, so that the anatomical referents of these terms are the primary ones. Many of the descriptive adjectives that form the specific component of many terms, as in *sphenoid bone*, *ethmoid bone*, *parietal bone*, and *mastoid process*, are similarly quite opaque. When we view against this background the many pure Latin terms that have no anglicised form, such as *otitis media*, *myasthenia gravis*, and *spina bifida*, and English-Latin hybrids such as *teres major muscle*, *soleus muscle*, *rectus femoris muscle*, and *vastus medialis muscle*, we realise that, unless physicians have preserved large amounts of Latin in their terminology merely to evade scrutiny from outside their profession, words directly borrowed from source language or words having the same semantic meaning as those of the source language mainly serve the function of keeping the terminology of the TL firmly pegged to that of the SL.

In short, when direct borrowing of Latin medical terms is rejected, loan-translation is preferred to source-independent formation of terms. That the overall tendency toward borrowing (loans and loan-translation), as explained in 2.3, LSP and Terminological Theory, is theoretically dispensable would seem to be explained by the importance accorded to the source language and the ease of memorisation.

3.2 CHINESE TRANSLATION OF WESTERN MEDICAL TERMS

In this section, the Chinese equivalents of Western medical terms are subjected to the same analysis as was applied to the English and German translation of Latin terms, in order to determine the extent to which the formation of the Chinese terminology of Western medicine is source-oriented, that is, the extent to which terms are borrowed from or modelled on the terms of the source language. This time, however, a broader selection of terms is taken to provide a clearer picture of the processes occurring in translation.

In the transmission of Western medicine to the Orient, we cannot speak of a single source language. Latin has retained its place as the terminological standard in anatomy, and also provides the only nomenclature for microorganisms. It is also actively and widely used in the creation of disease names. Since the decline of Latin as the lingua franca of Europe and the language of academia, medicine, like many other disciplines and fields, has been reluctant to place its linguistic standard in one particular language. In the transmission of Western medicine to China, translation between German and Japanese, Japanese and Chinese, as well as English and Chinese have played a role. For the purposes of the present study, English is taken as the representative source language, not so much because English is now most widely used in international communication as because its terminol-

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ogy is lexically classical in nature and stands in direct lineage with the Latin terminology of the past. As will become apparent, however, we shall need to speak of the German and Japanese links in the translation process in order to give a clear account of the translation processes.

3.2.1 AIMS AND METHODS

The analysis covers nearly a thousand terms (including commonly used combining forms) drawn from a terminology textbook for first-year medical students (Wiseman & Féng 1998b). The terms denote anatomical, physiological, pathological, and therapeutic concepts spanning all the major systems of the organism. According to Fluck (1985: 91), the number of existing terms (in German), including those of peripheral fields, has been estimated at 500,000, but medical students get by with an active command of 6,000–8,000. Hence the term selection in the present study may be considered sufficiently representative.

The English terms were divided into simple terms, combining forms, and complex terms. Variant forms such as *derm-* and *dermat-* considered the same. Combining forms that share the same root as a simple term, e.g., *cut(an)-* and *cutis* were also counted as being the same. Cognates, such as English *heart*, Latin *cord-*, and Greek *cardi-*, were considered as being different.

The Chinese terms were each assigned to one of the four categories of term-formation in relation to the SL terms that were previously used to analyse the German and English terminology of Western medicine: LGP or Chinese medical equivalents (e.g., 頭 *tóu* for *head*); loans (e.g., 淋巴 *lín bā* for *lymph*); loan-translations (e.g., 膿胸 *nóng xiōng* for *pyothorax*); and source-independent formations (e.g., 腹水 *fù shuǐ* for *ascites*).

Equivalents formed by loan or loan-translation show the most positive influence of the SL term in the formation of the TL term. Source-independent formations constitute the source-independent category.

The English/Latin terms are listed in Appendix I, where they are arranged in thematic order, each followed by their Chinese equivalent. Each entry is headed by a ringed letter indicating the category to which the term is ascribed.

ⓖ LGP/CM equivalents (g = general)

ⓗ Loan-translations

Ⓢ Loans

Ⓣ Source-independent formations

Elements added in loan-translations are marked by double underlining (e.g. clavi-

cle 鎖骨). Elements changed in loan-translation (not include LGP equivalents of different literal meaning) are marked by by single underlining (e.g., 腓骨長肌).

An asterisk following a Chinese term indicates that the Chinese term is the equivalent of two or more SL terms of which it is the loan-translation of one (e.g., ⑩ 眞皮* cutis vera, ⑩ dermis, ⑩ corium).

A dagger (†) following a Chinese term indicates that the Chinese term is a loan-translation that follows a model not represented in the English (e.g., 恥骨†, pubic bone, from (*Ger.* Schambein)).

3.2.2 RESULTS

Simple English Terms	185	
Chinese equivalents	184	(0.54%)
LGP/CM equivalents ⑧	110	(59.46%)
Loans ①	3	(1.62%)
Loan-translations ⑩	37	(20% reduction)
Source-Independent formations ①	32	(17.3%)
Unclassified equivalents ②	3	(1.62%)
English Combining Forms	60	
Chinese equivalents	5	(8.33% reduction)
LGP/CM equivalents ⑧	1	(20%)
Loans ①	0	(0%)
Loan-translations ⑩	4	(80%)
Source-Independent formations ①	0	(0%)
Unclassified equivalents ②	0	(0%)
Complex English Terms	710	
Chinese equivalents	717	(101%)
LGP/CM equivalents ⑧	98	(13.67%)
Loans ①	1	(0.14%)
Loan-translations ⑩	565	(78.80%)

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Unclassified equivalents ②	7	(0.98%)
Combined English Total	955	
Combined total of Chinese equivalents	906	(5.13% reduction)
Polyequivalence	25	(2.62%)
Deleted synonymy	74	(7.75%)
LGP/CM terms ③	256	(26.80%)
Loans ④	4	(0.42%)
Loan-translations ⑤	604	(63.25%)
Of which from non-English sources ⑥	15	
Added elements in loan-translations	151	
Deleted elements in loan-translations	25	
Changed elements in loan-translations	442	
Total	618	(102.32%)
Source-independent formations ⑦	81	(8.48%)
Unclassified equivalents ⑧	10	(1.05%)

3.2.3 DISCUSSION

3.2.3.1 Synonymy and Polyequivalence

One remarkable element of the results is the fact that a total of 955 English terms is rendered by 906 Chinese equivalents, reducing synonymy by nearly 7.75% in the translation process. Of course, the high level of synonymy is due to the fact that many basic concepts are represented by words or word-roots of Germanic, Latin, and Greek origin (e.g., *skin*, *cutis/cut(an)-*, *derm(at)-*).

Much less frequently, there is more than one equivalent for an SL term. Only about 2.6% of English terms have two Chinese equivalents. The additional equivalents are occasionally due to polysemy of the English term, e.g., *urinary frequency*, meaning either a condition of excessive urination or the number of times a person urinates, which have to be rendered differently in Chinese. More often, however, it appears to be attributable to inability of speakers to make a firm choice between two synonymous equivalents (e.g., amenorrhea 經閉、無月).

The above observations are of minor relevance to the present discussion of how terms are chosen.

3.2.3.2 Relative Frequency of the Use of Methods

There are certain difficulties in classifying TL term-formation methods in relation to the SL terms. These will be discussed below. Clear patterns in the choice of term-formation method can nevertheless be discerned.

The distribution of methods applied in translating simple terms and combining forms is, as to be expected, more or less the same. LGP/CM equivalents account for nearly 60%, loan-translations and independent formations accounting for most of the rest. Loans are minimal.

The sixty English classical combining forms included in the list mostly correspond to LGP terms. The Chinese equivalents of the LGP serve for the combining forms, and hence they are not counted as equivalents.

Amongst complex terms, the percentage of loan-translations accounts for nearly 80%, LGP/CM and source-independent formations accounting for most of the rest. Loans are minimal.

Loan-translation in complex terms presents the problem that not all of the elements are semantically translated, since there are often additions, deletions, and changes. There are 618 of these, more than the total number of loan-translations (604). On average, therefore, every loan-translation has a little more than one element that is not semantically translated, and nearly nine in ten complex terms equivalent have such an element too. The extent to which this kind of deviation affects the source/target-oriented status of translation is difficult to evaluate as will become apparent from the discussion below.

When the three groups (simple terms, combining forms, and complex terms) are added together, we find that loan-translation accounts for about 63%, LGP/CM for nearly 27%, and independent formations for most of the rest.

LGP terms in the SL (and their classical substitutes) are represented by LGP/CM terms. LSP-bound terms in the SL are overwhelmingly rendered by loan-translation rather than loan.

Overall, therefore, assuming that LGP/CM equivalents, loans, and loan-translations are source-oriented, the Chinese translation of Western medical terms are roughly 90% source-oriented.

3.2.3.3 Principles of Categorisation

The four classes of equivalents are broad classes of translation equivalents. The detail concerning ascription of terms to each is given below:

3.2.3.3.1 LGP/CM equivalents

LGP/CM equivalents include TL terms that are everyday words used in their everyday sense (LGP) and terms of Chinese medical origin (CM). The inclusion of terms of two origins in one category will be discussed further ahead.

266. brain 腦 <i>nǎo</i>	272. rib 肋 <i>lè</i>
267. forehead 額 <i>é</i>	273. bone 骨 <i>gǔ</i>
268. skin 皮膚 <i>pí fū</i>	274. ear 耳 <i>ěr</i>
269. heart 心 <i>xīn</i>	275. wrist 腕 <i>wàn</i>
270. tongue 舌 <i>shé</i>	276. knee 膝 <i>xī</i>
271. shoulder 肩 <i>jiān</i>	277. wart 疣 <i>yóu</i>

In the examples above, both the English terms and the Chinese terms are used in their primary sense, having no literal meaning (or so far as we know, no etymological meaning that speakers might be aware of) other than this primary sense. Some LGP equivalents, however, do differ in their literal meaning. The English and Chinese terms 呼吸 *hū xī* and *respiration* share exactly the same reference, but are conspicuously different as regards both structure and meaning. The English term is composed of one word, with a stem (Latin *spir*, breath), the prefix (*re-*) implying repetition, and a complex suffix (*-ation*) serving to mark nominalisation. The Chinese, on the other hand, is composed of two characters, 呼, to exhale, and 吸, to inhale, which combine to describe the biphasal process of breathing. The English and the Chinese terms are semantically equivalent but not literally so. More examples revealing differences in literal meaning between LGP terms that are referentially equivalent are given below:

278. measles 麻疹 <i>má zhěn</i> , ‘hemp rash’	283. respiration 呼吸 <i>hū xī</i> , ‘inhale-exhale’
279. scar 瘢痕 <i>bān hén</i> , ‘scar mark’	284. pupil 瞳孔 <i>tóng kǒng</i> , ‘pupil hole’
280. burn 燒傷 <i>shāo shāng</i> , ‘burn injury’	285. forehead 額 <i>forehead</i> , primary in Chinese
281. penis 陰莖 <i>yīn jīng</i> , ‘yīn stem’	
282. uterus 子宮 <i>zǐ gōng</i> , ‘infant’s palace’	

When Western medicine was introduced into China, it encountered an existing body of medicine that had its own terminology. Some Chinese medical terms found their

way into the terminology of Western medicine. Nevertheless, given the constant interaction between LGP and LSP, it is often difficult to say whether a term was chosen because it was widely used by the general population. Hence, terms of Chinese medical origin cannot easily be separated from regular LGP equivalents. As was explained in the last chapter (2.3.1), it is not possible to draw a clear line between LGP and LSP-bound terms.

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| 286. apoplexy, stroke, 中風 <i>zhòng fēng</i> , lit. ‘wind stroke’ | 289. wheal 風塊 <i>fēng kuài</i> , ‘wind lump’ |
| 287. impotence 陽萎 <i>yáng wěi</i> , ‘yáng wilt’ | 290. psoriasis 牛皮癬 <i>niú pí xiǎn</i> , ‘ox-hide lichen-disease’ |
| 288. tinea 癬 <i>xiǎn</i> , ‘lichen-disease’ | 291. beriberi 腳氣 <i>jiǎo qì</i> , ‘leg qì’ |

A few of the above examples reflect characteristically Chinese medical concepts, such as ‘wind’ as the cause of disease. No doubt, Chinese scholars translating the terminology of Western medicine into Chinese were much aware of the need to translate terms in such a way as to reflect the concept in its Western medical conceptual system and avoided, as far as possible, those which, though possibly sharing the same objective referent, reflected a Chinese conception of it. They did not, for example, translate ‘acute conjunctivitis’ as 風火眼 *fēng huǒ yǎn*. Instead, they devised a term that reflects the literal meaning of the English term (急性結膜炎 *jí xìng jié mó yán*). It might be reasonable to suppose that the above terms were commonly used enough in the LGP for their Chinese medical components to have no significance (‘wind stroke’, for example, being considered as a dead metaphor, at least for those not acquainted with Chinese medicine).

For the purpose of this study, *LGP equivalent* means LGP equivalent in the TL of any term in the SL, whether or not the SL term is an LGP word or not. Many Chinese LGP terms are the equivalents of classical terms that have been adopted in English medical terminology and that to some extent are LSP-specific. For example, 癢 *yǎng* is an LGP used as the equivalent of *pruritis*, which in English is an LSP-bound term. The Chinese 突 *tú* is an LGP word equivalent to the English ‘process’, which is here not used in its LGP sense (a series of events or actions), but in a less familiar sense of ‘a part that sticks out’. Other examples are listed below:

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| 292. pruritus 癢 <i>yǎng</i> | 295. meatus 道、口 <i>dào, kǒu</i> |
| 293. pharynx 咽 <i>yān</i> | 296. foramen 孔 <i>kǒng</i> |
| 294. gingiva 齒齦 <i>chǐ yín</i> | 297. process 突 <i>tú</i> |

In compound terms, many LSP-specific adjectives borrowed from Greek and Latin are translated with LGP terms.

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| 298. hepatic 肝 (的) <i>gān (de)</i> | 301. ocular 眼 (的) <i>yǎn (de)</i> |
| 299. vesical 膀胱 (的) <i>páng guāng (de)</i> | 302. cholecystic 膽囊 (的) <i>dǎn náng (de)</i> |
| 300. carpal 腕 (的) <i>wàn (de)</i> | 303. pedal 足 (的) <i>zú (de)</i> |

Many Greek and Latin combining forms are also rendered by LGP equivalents.

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| 304. ren-, nephr- 腎 <i>shèn</i> , ‘kidney’ | 309. gingiv-, ul- 齒齦 <i>chǐ yín</i> , ‘gum’ |
| 305. vesic-, cyst- 膀胱 <i>páng guāng</i> , ‘bladder’ | 310. aur-, ot- 耳 <i>ěr</i> , ‘ear’ |
| 306. colpo- 陰道 <i>yīn dào</i> , ‘vagina’ | 311. dent-, odont- 齒 <i>chǐ</i> , ‘tooth’ |
| 307. encephal- 腦 <i>nǎo</i> , ‘brain’ | 312. pur-, py- 膿 <i>nóng</i> , ‘pus’ |
| 308. stomat- 口 <i>kǒu</i> , ‘mouth’ | |

LGP/CM equivalents have sometimes undergone a degree of redefinition or *specialisation*. For example, 肌 *jī* was chosen as the equivalent of *muscle*, although it was originally synonymous with 肉 *ròu* ‘flesh’ (肉 *ròu* is actually wider in meaning, since it includes the notion of edible meat). The Chinese medical term 癬 *xiǎn*, derived from 蘚 *xiǎn*, ‘moss’ or ‘lichen’, was redefined to denote ‘tinea’ (ringworm). The Chinese medical term 傷寒 *shāng hán*, lit. ‘cold damage’, and traditionally used in several distinct senses, was adopted as the equivalent of *typhoid*.

In some cases, an LGP/CM term undergoes modification. For instance, the word *diaphragm* appears in Chinese as 橫膈 *héng gé*. In Chinese medicine, the diaphragm was traditionally referred to simply as 膈 *gé*; in Western medicine, the word 橫 *héng*, ‘transverse’, was added, probably by the influence of *dia-*. Thus 橫膈 *héng gé* shares characteristics of both LGP/CM and loan-translation. Similarly, the Chinese 膽 *dǎn*, gallbladder, was expanded to 膽囊 *dǎn náng*, evidently by emulation of *vesica fellea*, *cholecyst*, and *gallbladder*. This particular addition is redundant since in Latin, Greek, and English the organ is named after its secretion, whereas in Chinese the secretion is named after the organ (膽汁 *dǎn zhī*, ‘gallbladder juice’). Another example is 急 *jí*, ‘urgent’, ‘acute’, which on assuming equivalence for ‘acute’ in medical terminology became 急性 *jí xìng*, lit. ‘acute-natured’, in a general trend in modern LSP Chinese (gradually being generalised to LGP) to mark certain adjectives.

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| 313. semen 精液 <i>jīng yè</i> , ‘essence/semen + liquid’ |
| 314. gallbladder 膽囊 <i>dǎn náng</i> , ‘gallbladder + bladder’ |
| 315. congenital 先天性的 <i>xiān tiān xìng de</i> , earlier heaven + nature(d) |
| 316. chronic 慢性的 <i>màn xìng de</i> , slow + nature(d) |

3.2.3.3.2 Loans

Loans are terms that are borrowed directly from the source, and phonetically represented in Chinese with like-sounding characters. In the realm of general medical terminology, they include: 淋巴 *lín bā*, ‘lymph’, 卡他 *kǎ tā*, ‘catarrh’, 休克 *xiū kè*, ‘shock’. If we were to include substance and drug names, we would find a substantially larger number of loans (阿私匹林 *ā sī pǐ lín*, aspirin; 阿達林 *ā dá lín*, adalin; 可卡因 *kě kǎ yīn*, cocaine; 嗎啡 *mǎ fēi*, morphine).

3.2.3.3.3 Loan-translation

Loan-translation, which is mostly used to translate terms composed of multiple words, accounts for a large number of terms. As can easily be seen in Appendix I, the use of loan-translation is apparent in all aspects of Western medical terminology.

Loan-translation is most commonly applied to terms consisting of more than one element, but may also be applied to terms consisting of a single element that are not used in their ordinary LGP sense, but in an extended sense. In translation, single-word metaphors are often supplemented with added elements (discussed below); only in a couple of cases do they appear as single characters: *fimbriae* (the ‘fringes’ of the fallopian tubes), 繖 *sǎn*; *arch* (various structures), 弓 *gōng*.

Loan-translation is also used to deal with the many single-word classical compounds:

317. hydrocephalus 水腦	321. electrocardiogram 心電圖 <i>xīn diàn tú</i>
318. hypoglycemia 血糖過少 <i>xuè táng guò shǎo</i>	322. hematoma 血腫 <i>xuè zhǒng</i>
319. pyuria 膿尿 <i>nóng niào</i>	323. lobectomy 葉切除術 <i>yè qiē chú shù</i>
320. cystolithiasis 膀胱石病 <i>páng guāng shí bìng</i>	

Loan-translation seeks principally to render the major content words and morphemes. The relationship is not always an exact literal, word-for-word relation. Elements have sometimes to be added, deleted, or changed in translation to accommodate the grammatical and word-building patterns of the TL or its lexical resources. In the present study, elements of TL that deviated from the SL terms were isolated. However, grammatical changes such the adjectival morpheme *-ous* of *mucous* disappearing in translation and the 與 *yǔ*, ‘and’, being supplied in the Chinese equivalent of *musculoskeletal* were ignored, as were elements that corresponded semantically but not literally, *soleus muscle* and 比目魚肌 *bǐ mù yú jī*. Added, deleted, or changed elements that were isolated are as follows:

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 tion of supplementary elements based on the concept. For example, *iris*, from the Greek meaning ‘rainbow’ or ‘halo’, is translated into Chinese as 虹膜 *hóng mó*, ‘rainbow membrane’, by loan-translation with an additional element. *Phthiriasis* can mean any louse infestation, but usually specifically denotes infestation of the genitals with *Phthirus pubis*. The Chinese supplies the notion of ‘genitals’, or in actual realisation ‘yīn’, the dark principle (陰蝨病 *yīn shī bìng*). This addition provides a way of reflecting the distinction between *pediculosis* and *phthiriasis*. In the examples that follow, the added element is double-underlined.

324. cochlea 耳蝸 *ěr wō*, ‘ear’ added

325. iris 虹膜 *hóng mó*, ‘membrane’ added

326. labium 陰唇 *yīn chún*, ‘pubendal’ (actually ‘yīn’, the dark, female principle) added

327. vomer 犁骨 *lí gǔ*, ‘bone’ added

328. splenic flexure 結腸脾曲 *jié cháng pí qū*, ‘colon’ added

329. carbohydrates 碳水化合物 *tàn shuǐ huà hé wù*, ‘mixed substance’ added

330. salpingectomy 輸卵管切除術 *shū luǎn guǎn qiē chú shù*, ‘ovum-transporting’ added

331. fibrillation 纖維顫動 *xiān wéi zhàn dòng* ‘vibration’ added

332. conjunctiva 結膜 *jié mó*, ‘intestine’ added

333. jejunum 空腸 *kōng cháng*, ‘intestine’ added

Sometimes added elements are simply elements once present but subsequently lost in the SL term, such as 膜 *mó* in 黏膜 *nián mó*, ‘(membrana) mucosa’ (parallel with the German *Schleimhaut*) and 輸精管切除術 *shū jīng guǎn qiē chú shù*, ‘vasectomy’ (in which *vas* stands for ‘vas deferens’).

Deleted elements: Certain elements are often dropped or otherwise dealt with in Chinese. For instance, the diminutive elements of *cuticle* (表皮 *biǎo pí*, ‘surface skin’), *hair follicle* (毛囊 *máo náng* ‘hair sac’), and *clavicle* (鎖骨 *suǒ gǔ*, ‘lock bone’) all disappear in translation, as do the comparative and superlative suffixes of *musculus pectoralis major* (胸大肌 *xiōng dà jī*, ‘chest great muscle’) and *musculus gluteus maximus* (臀大肌 *tún dà jī*, ‘buttock great muscle’). Less predictably, the *-osis* of *tuberculosis* disappears in 肺結核 *fèi jié hé*.

Changed elements: One deviation from exact replication is seen in TL terms that in their overall composition trace the SL terms, but that contain an individual element or elements that are not semantic equivalents, that is, elements that are source-independent formations, or terms of LGP/CM origin of different literal meaning, or a phonetic transcription.

There are numerous examples where loan-translations are not very exact. For example, the gastrocnemius muscle (from Greek *gastr-*, belly; *kneme*, shank) is rendered as 腓腸肌 *fēi cháng jī*, ‘calf intestine muscle’. In Chinese, proteinuria is 蛋白尿 *dàn bái niào*, ‘egg-white urine’ since the word for protein is modelled independently of the internationalism *protein(-)* (c.f. German *Eiweiß*). *Auditory tube* is rendered in Chinese as 聽道 *tīng dào*, ‘hearing pathway/tract’, despite the existence of a closer equivalent of tube, 管 *guǎn*. In *trachoma* the root *trach-* means rough, while the Chinese translation, 沙 *shā* means ‘sand’. Other examples follow:

- 334. musculoskeletal system 肌與骨骼系統 *jī yǔ gǔ gé xì tǒng*
- 335. gastrocnemius muscle 腓腸肌 *fēi cháng jī*, lit. calf intestine muscle
- 336. nucleolus 核仁 *hé rén*, lit. ‘pit kernel’
- 337. integumentary system 體被系統 *tǐ bèi xì tǒng*, lit. ‘body cover tied union’
- 338. sweat gland 汗腺 *hàn xiàn*, lit. ‘sweat spring/source (in the body)’
- 339. lymphocyte 淋巴細胞 *lín bā xì bāo*, TRANSCRIPTION little (body-)-sac”
- 340. synovial membrane 滑液膜, ‘slippery fluid membrane’
- 341. paronychia 甲溝炎, *jiǎ gōu yán*, ‘nail groove inflammation’
- 342. arrector pili 立毛肌, *lì máo jī*, ‘stand hair muscle inflammation’
- 343. prostatitis 前列腺炎, *qián liè xiàn yán*, ‘frontline gland inflammation’
- 344. hyperventilation 換氣過度, *huàn qì guò dù*, ‘exchange qì (air) beyond measure’
- 345. blood vessel 血管, *xuè guǎn*, ‘blood tube’

Some classical suffixes used in specific technical senses become more explicit in the TL term. For example, *-itis*, which was originally a feminine adjective ending in Greek (qualifying the deleted *nossos*, ‘disease’), in medical terminology represents ‘inflammation’, and hence is rendered as such (炎 *yán*). Thus *hepatitis* is translated as 肝炎 *gān yán*. Note that this follows a pattern also observed in the formation of the German *Leberentzündung*. In the names of functional types of muscles, *-or* (as in *adductor*, *flexor*) is rendered as 肌 *jī* in Chinese. Other suffixes translated more explicitly include: *-osis*, *-iasis*, *-ismus*, *-oma*, *-ism*, *-ismus*, *-ia*, *-y*, *-or*, *-in*, *-ise*.

- 346. pediculosis 蝨病 *shī bìng*, ‘louse disease’
- 347. sialithiasis 涎石病 *xián shí bìng*, ‘saliva stone disease’
- 348. cryptorchidism 隱睾症 *yǐn gāo zhèng*, ‘hidden testes pathological condition’
- 349. trachoma 沙眼 *shā yǎn*, ‘sand eye’
- 350. salpingectomy 輸卵管切除術 *shū luǎn guǎn qiē chú shù*, ‘ovum-transporting tubes excision operation’

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351. hemophilia 血友病 xué yǒu bìng, ‘blood friend disease’

352. dentin 齒質 chǐ zhì, ‘tooth substance’

353. extensor 伸肌 shēn jī, ‘stretching muscle’

354. pigment 色素 sè sù, ‘colour element’

355. cardiac catheterisation 心臟導管插入, ‘heart catheter insertion’

356. urticaria 蕁麻疹, ‘nettle rash’

The significance of these different kinds of changes varies. Differences in literal meaning of elements that are LGP/CM referential equivalents are not significant. The Chinese term 比目魚肌 bǐ mù yú jī is modelled on the Latin *musculus soleus*, a muscle the shape of a *solea*, the sole of a shoe or, by metaphorical extension, the sole fish. However, the literal/etymological meaning of the Chinese differs because 比目魚 bǐ mù yú, ‘next-to-each-other eyes fish’, (and refers to flounders or flatfish in general). The difference in literal meaning does not substantially lessen the target-oriented nature of the translation. For this reason, differences in literal meaning of LGP/CM equivalents were not counted as changed elements.

Where an element of a loan-translation is source-independently formed, the significance as regards source/target orientation is difficult to judge. The word *system*, for example, appears in Chinese as 系統 xì tǒng, which is a source-independent formation borrowed from Japanese. However, 系統 xì tǒng appears as the translation of *system* consistently throughout the terminology of Western medicine. (In this particular case, although the term was originally a source-independent formation, it has been adopted in the LGP of Chinese, and is so common an expression that it can now be considered as LGP equivalent.)

A major advantage of source-oriented translation is that it makes the TL term predictable from the SL. LGP/CM elements are not predictable from their literal meaning but from their referential meaning. Although source-independent equivalents of elements of compound terms are not predictable in isolated cases, they are predictable when they systematically appear in multiple terms. For this reason, changed elements have little statistical value.

Changed order: The Chinese terminology of Western medicine also provides examples of changes in the order of elements to conform to Chinese grammatical patterns.

357. keratoconus 圓錐形角膜 yuán zhuī xíng jiǎo mó, ‘cone-shaped cornea’

358. otitis externa 外耳炎 wài ěr yán, ‘external ear inflammation’

359. periodontosis 牙周病 yá zhōu bìng, ‘tooth-peripheral disease’

360. poliomyelitis 脊髓灰白質炎 *nǎo suǐ huī bái zhì yán*, ‘spine marrow grey-white matter inflammation’
361. tinea capitis 體癬 *tǐ xiǎn*, ‘body tinea’
362. great cardiac vein 心大靜脈 *xīn dà jìng mài*, ‘heart great vein’
363. middle gluteal muscle 臀中肌 *tún zhōng jī*, ‘buttock middle muscle’
364. rectus abdominis muscle 腹直肌 *fù zhí jī*, ‘abdomen straight muscle’
365. electrocardiogram 心電圖 *xīn diàn tú*, ‘heart electric picture’
366. myasthenia gravis 重症肌無力 *zhòng zhèng jī wú lì*, ‘heavy/severe pathological condition muscle no strength’

3.2.3.3.4 Source-independent formation

Source-independent formations are equivalents formed by selecting lexical items from the TL that express the concept, but do not match those used in the formation of the SL term.

367. periosteum 骨膜 *gǔ mó*, lit. ‘bone membrane’
368. peritoneum 腹膜 *fù mó*, ‘abdominal membrane’
369. papule 丘疹 *qiū zhěn*, ‘hill rash’
370. cell 細胞 *xì bāo*, ‘small bag[like structure of the body]’
371. ascites 腹水 *fù shuǐ*, ‘abdominal water’
372. valve 瓣 *bàn*, ‘petal’
373. epithelium 上皮 *shàng pí*, ‘upper skin’
374. nerve 神經 *shén jīng*, ‘spirit path’
375. allergy 過敏 *guò mǐn*, ‘excessive sensitivity’
376. appendix 闌尾 *lán wěi*, ‘screen tail’ (闌, screen, standing for 闌門, the Chinese medical name for the ileocecal junction)’
377. vitiligo 白斑病 *bái bān bìng*, white patch disease

Because of complexities in the transmission process, it is not always easy to distinguish source-independent formations from LGP equivalents or loan-translations. Since the decline in the use of Latin, no single vernacular language has ever constituted the linguistic standard for the entire body of Western medical knowledge. Certain Chinese medical terms that might be judged to be source-independent formations when compared, say, to English may be found to be direct loans from Japanese. To understand how such terms came to assume their present form, we must investigate the method by which the concepts they represent were expressed in Japanese.

The Japanese began to adopt Western medicine much earlier than the Chinese. In

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the early stages, they rejected direct borrowing in favour of loan-translation and source-independent formation, and expressed the terms in Chinese characters (kanji, 漢字 *hàn zì*). These terms, in most cases, could be readily adopted by the Chinese. In the early stage of the eastward transmission of Western medical knowledge to Japan, the German language was much more influential than the English. In Japan, from the beginning of the Meiji (1867), medical circles considered German as being of equal importance to Latin. Japanese medical text books regularly provided German anatomical names alongside the Latin and Japanese until the end of World War II (e.g., Fujita 1947).

In China, during the Qīng Dynasty, Western medicine had been taught by missionary schools, mostly using English as the medium of instruction. From the beginning of this century, however, many medical students went to North America, Europe, and Japan to study. Students returning from Japan brought back with them many of the Japanese renderings of medical terms in Chinese script. When the Chinese government began to standardise Western medical terminology in Chinese in 1927 (NICT 1947), many of the Japanese neologisms were adopted.

A number of Western medical terms in Chinese that appear to be source-independently formed when they are compared to English (or Latin) are found to be identical to Japanese terms that may well be loan-translations of the German terms. Two examples of such terms are 動脈 *dòng mài*, lit. ‘moving (or active) vessel’, artery, and 主動脈 *zhǔ dòng mài*, lit. ‘main moving (or active) vessel’, aorta, which may have been inspired by the German *Schlagader*, lit. ‘beating vessel’, and *Hauptschlagader*, ‘main beating vessel’. To verify whether the Chinese term actually derives from German would be a difficult task, and in Appendix IV, I merely suggest it as a possibility for a mere thirteen terms. The German origin of loan-translations thus barely affects the general conclusion that Chinese terms are by and large semantically translated from the Western source. Other examples are given below:

378. pubic bone: Latin *pubes*, ‘signs of puberty’ / 恥骨 *chǐ gǔ*: ‘shame bone’ (German *Schambein*, ‘shame bone’)

379. artery: Greek *arteria*, ‘windpipe’ / 動脈 *dòng mài*: ‘active vessel’ (German *Schlagader*, ‘beat vessel’)

380. aorta: Greek *aorta*, ‘something suspended’ / 主動脈 *zhǔ dòng mài*: ‘main active vessel’ (German *Hauptschlagader*, ‘main beat vessel’)

381. ascites: Greek *askites*, from *askos*, ‘leather bag’, ‘wine skin’ / 腹水 *fù shuǐ*: ‘abdomen water’ (German *Bauchwassersucht*, ‘belly water sickness’)

382. anemia: Greek *an*, ‘no’, + from *em*, ‘blood’ / 貧血 *pín xuè*: ‘poor blood’ (German *Blutarmut*, ‘blood poverty’)
383. ischium: Greek ‘hip’ / 坐骨 *zuò gǔ*: ‘sitting bone’ (German *Sitzbein*, ‘sitting bone’)
384. ventricle: Latin ‘little stomach’ / 心室 *xīn shì*: ‘heart chamber’ (German *Sitzbein*, ‘heart chamber’)
385. tonsil: Latin ‘shaven head’ / 扁桃腺 *biǎn táo xiàn*: ‘almond gland’ (German *Mandel(drüse)*, ‘almond gland’)
386. protein: Greek ‘proteios’, first, chief / 蛋白質 *dàn bái zhì*: ‘egg-white substance’ (German *Eisweiß*, ‘egg-white’)
387. spinal cord: Greek *chordē*, ‘catgut’, ‘cord’ / 脊髓 *jǐ suǐ*: ‘spine marrow’ (Latin *medulla spinalis*, ‘spinal marrow’; German *Rückenmark*, ‘back marrow’)
388. ganglion: Greek ‘swelling’ / 神經節 *shén jīng jié*: ‘nerve node’ (German *Nervedknote*, ‘nerve knot/node’)

Quite a few medical concepts have more than one name in English. When the Chinese terminology was being devised, synonymy was deliberately minimised by having a single term for each concept, very often a loan-translation. In such cases, the relationship of the Chinese equivalent to any synonym of the English term on which it is modelled is not considered as one of source-independent formation (in Appendix I, such Chinese terms are marked with an asterisk). Thus the Chinese 垂體 *chuí tǐ* is modelled on *hypophysis* (or rather probably the German *Hypophyse*), not on *pituitary gland* which is the commoner term in English; its relationship to *pituitary gland* is not counted as an independent formation. Similarly, 真皮 *zhēn pí* is modelled on *cutis vera*, but also stands for the English synonyms *dermis* and *corium*; 甲狀腺腫 *jiǎ zhuàng xiàn zhǒng* is a loan-translation of *thyromegaly*, and also stands in place of *goiter*; 聽道 *tīng dào* appears to be modelled on *auditory tube*, and is used for *eustachian tube*; 德國麻疹 *dé guó má zhěn*, is modelled on *German measles*, but also stands for *rubella*. It would seem that the Chinese term in each case was based on the best-motivated term or the one that could be reduplicated in Chinese. If this assertion is correct, *pituitary gland* was rejected because its motivation is obsolete (Latin *pituita* means ‘phlegm’); *dermis* and *corium* were rejected because their literal meaning is ‘skin’. *Eustachian tube* was rejected because, like all eponyms, it is less well motivated than a descriptive name. *Rubella*, lit. ‘reddish ones’ (cf. German *Röteln*), was probably rejected because it was less easily duplicated than *German measles*. Why 癭 *yǐng*, the LGP/CM equivalent of *goiter*, was rejected in favour of *thyromegaly* is not clear (cf. German *Kropf*); it may be because translators were familiar only with the LGP expression 大脖子 *dà bó zi*, ‘big neck’, which they may have rejected on account of its colloquial form.

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The apparent practice of resorting to a loan-translation of a German where a loan-translation of a Latin term would be unsatisfactory is evidence of the importance of a linguistic precedent in translators' decisions. Terminological translators do not appear to eager invent new terms themselves on the basis of concepts. The same point is also underscored by the fact that translators will quite happily settle for etymologizing translations of dead metaphors (*atrium*, *mitral valve*, *pelvis*, etc.).

3.2.3.4 Categorisation Difficulties

Precise classification is sometimes difficult because the term (or part of it) may belong simultaneously to more than one category. This is observed especially in compound terms where different elements belong to different categories. Any complex term is classed as a loan-translation if its overall structure matches the SL term, even if individual elements are formed by other methods. For example, 淋巴細胞 *lín bā xì bāo*, lymphocyte, is classed as a loan-translation, even though the first element is formed by borrowing and the second by source-independent formation. Given that the aim is to determine the degree of source-oriented translation, we might note that the presence of a loan (an equivalent that is more source-oriented than loan-translation) within a loan-translation is a special case of loan-translation that tends toward the source-oriented pole. When individual elements are formed in other ways (by source-independent formation), the loan-translation as a whole is less source-oriented. For example, 神經系統 *shén jīng xì tǒng* as the rendering of *nervous system* is considered a loan-translation because the overall structure of the term is the same. Although 神經 *shén jīng* and 系統 *xì tǒng* consistently represent *nerve* and *system* throughout the terminology of Western medicine, both are source-independent formations (they mean 'spirit path' and 'tie control (or organisation)', respectively). Other terms evince the same characteristic: 神經元 *shén jīng yuán*; 闌尾炎 *lán wěi yán*; 腹膜炎 *fù mó yán*; 微量元素 *wēi liàng yuán sù*; 頸內動脈 *jǐng nèi dòng mài*.

A term is also classed as loan-translation if, despite added, deleted, or changed elements, the TL term is modelled on the SL term. Examples include 股薄肌 *gǔ bó jī*, gracilis muscle, in which 股 *gǔ*, thigh, is added; and 毛囊 *máo nang*, hair follicle, in which the diminutive *-icle* is dropped.

It could be argued that the specific element of a complex term is more important than the generic element as regards clarification. In Appendix I, 血管 *xuè guǎn*, blood vessel, 登革熱 *dēng gé rè*, dengue fever, 漿膜 *jiāng mó*, serous membrane, 頂骨 *dǐng gǔ*, parietal bone, 阿耳茨海默氏病 *ā ěr cí hǎi mò shì bìng*, Alzheimer's disease, have been classed as loan-translations. On the other hand, one could also claim that the

specific element in each case (*vessel*, *dengue*, *serous*, *parietal*, *Alzheimer's*) should determine the overall classification. In the first case, we might wish to consider the term a source-independent formation because 管 *guǎn*, lit. ‘tube’ is not literally the same as *vessel* (Latin *vascellum*, diminutive of *vas*, receptacle)—or the German parallel *Gefäß*. In two cases (*dengue*, *Alzheimer's*), we would classify the terms as loans. The term 脫位 *tuō wèi*, dislocation, is apparently a hybrid, since 脫 *tuō* is part of the Chinese medical term 脫臼 *tuō jiù*, lit. ‘escape [from] mortar’, meaning the dislocation of a bone from its socket, while 位 *wèi* represents the influence of *loc-*, position.

On the borderline between LGP/CM equivalence and source-independent formation, it is often difficult to tell whether a term existed before the introduction of the Western medical concept. Chinese dictionaries do not normally state when individual compounds first appeared, and Chinese medical lexicography, still in its infancy, has not mapped the full extent of Chinese medical terminology. For instance, 濕疹 *shī zhěn*, eczema, lit. ‘damp rash’, appears to have been borrowed from Japanese; it appears in the *Zhōngyī Dàcídiǎn* (ZD 《中醫大辭典》 “Dictionary of Chinese Medicine”) of 1995, but not in *Zhōngguó Yīxué Dàcídiǎn* (ZYD, 《中國醫學大詞典》 “Comprehensive Dictionary of Chinese Medicine”) of 1921. 橈骨 *ráo gǔ*, lit. ‘stick/oar bone’, does not appear in premodern Chinese medical literature; appears to have been borrowed from Japanese, but whether it is loan-translation of *radius* is not clear. 氣管 *qì guǎn*, trachea (which comes from Greek *trachys*, ‘rough’, describing this organ’s inner surface), seems to be a source-independent formation. According to the 1995 ZD, 氣道 *qì dào* and 息道 *xī dào* traditionally loosely denoted the ‘airways’, but there was no specific term for ‘trachea’, it is difficult to rule out the prior existence of the term 氣管 *qì guǎn*.

There are apparently a few hybrids of LGP/CM equivalents and source-independent formations. In Chinese medicine, the notion of poor appetite was traditionally expressed in phrases such as 不欲飲食 *bù yù yǐn shí*, ‘not wanting to eat’; the modern medical term 食慾不振 *shí yù bù zhèn*, ‘unvigorous desire to eat’, in which the appetite appears as a noun phrase 食慾 *shí yù* appears to have been inspired by the definition of English *appetite*; 不振 *bù zhèn* is an idiomatic expression. 闌尾 *lán wěi*, appendix, appears to be a similar hybrid, 闌 representing the 闌門 *lán mén*, lit. ‘screen gate’, traditionally denoting the ileocecal junction, combined with 尾 *wěi*, ‘tail’.

The Chinese equivalent of cataract is 白內障, *bái nèi zhāng*, lit. ‘white internal obstruction’. Since it is not contained in the 1995 ZD, we might judge it not to be a traditional Chinese medical term. Nevertheless, 內障, *nèi zhāng* is a generic class of

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impediments to vision in traditional Chinese medicine, so it might be more correct to treat it as predominantly (but for the ‘white’ element) an LGP/CM equivalent.

3.2.3.5 Factors Influencing Choice of Method

Among simple terms, LGP/CM equivalents are by far the most common. This is because the SL terms in this category are largely LGP/CM terms, and because single-morpheme or one-word metaphorical terms (such as *atrium*, *iris*, *tissue*, *pelvis*, *radius*) are relatively uncommon. Among complex terms, loan-translation is the most commonly used method, undoubtedly explicable by the phonetic obstacles to direct loans.

There appears to be a certain tension between familiar LGP/CM equivalents and unfamiliar loan-translations that are better motivated in the medical context. Physicians of Western medicine in China clearly decided to reject the term 柱骨 *zhù gǔ*, lit. ‘pillar bone’, clavicle, in favour of the (Japanese) loan-translation 鎖骨 *suǒ gǔ*, even though, in so doing, they were merely replacing one medically insignificant metaphor with another. Enigmatically, the metaphor slips from ‘key’ to ‘lock’. On the other hand, they have allowed the LGP equivalent of *incisor* 門齒 *mén chǐ*, ‘door teeth’, to stand along-side the neologism 切牙 *qiē yá*, even though from the Western medical point of view it is a poorly motivated metaphor by comparison with the functional description contained in the new term. I shall say more about metaphor in 5.2.1.3 (Semantic Extension) and translation of it in 7.3.3 (Translating Words Used in Extended Senses). The point here is that such inconsistencies of method can only be explained in terms of familiarity with the terms. The term 柱骨 *zhù gǔ* is likely to have been less familiar to those without much knowledge of medicine than 門齒 *mén chǐ*. There is evidence that term translators have overdone it in some places. Instead of recognising 割包皮 *gē bāo pí*, ‘cut foreskin’, as the LGP equivalent of *circumcision*, the loan-translation 包皮環切術 *bāo pí huán qiē shù* ‘foreskin circle-cutting operation’ was chosen instead, even though the English term is from the classical Latin *circumcisio*, in which the use of the prefix *circum-* is not medically motivated (compare the German loan-translation *Beschneidung*).

Only rarely do attempts at semantic translation fail on account of nontransference of a metaphor. *Mitral valve* is translated as 僧帽瓣 *sēng mào bàn*, lit. ‘monk’s hat valve’, even though 僧 *sēng*, Buddhist monks, do not wear any headgear at all, so that the Chinese is less well motivated than the English term. Yet it might be noted that, owing to changes in hat fashions, the English-speaking student of medicine is not much better informed by the term than his Chinese counterpart. Of course, the clash could have been avoided by leaving Buddhist monks out of the matter, but the question remains as to what it could otherwise have been called.

The systematic use of loan-translation is most clearly observed in domains of the terminology where the naming is most systematic. In gross anatomy, for example, the Chinese terms denoting muscles and blood vessels (and nerves, which are not included in this study) replicate the English (strictly speaking, the Latin, which the English also closely replicates). Here, a generic term (muscle, artery, vein, nerve) is complemented by specifics (words denoting body part, shape, size, or function). In translation, a simple replication of all the elements was naturally the easiest way to supply Chinese names. Loan-translations are especially likely when the component words or morphemes represent LSP concepts (e.g., *nephrolithiasis*, where both ‘kidney’ and ‘-lithiasis’ as technical concepts). Disease terms formed by part/organ/tissue + *-itis*, *-osis*, *-iathis* or names of surgical procedures part/organ/tissue + *-tomy*, *-ectomy*, *-rhaphy*, *-ostomy* are also closely replicated in Chinese. Systematic areas of terminology would appear to encourage systematic loan-translation.

Certain domains of terminology reveal less systematic rendering and less systematic naming in English/Latin. A typical example is the domain of skin conditions, where the English terminology reveals a larger presence of Germanic (or highly Anglicised) vocabulary and older, obscure classical terms than other areas (*wheel*, *itching*, *swelling*, *wart*, *vitiligo*, *gangrene*, *impetigo*, *eczema*). It is noteworthy that these are single-word terms, i.e., not compounds composed of elements that in themselves are technical terms.

The strength of the source-oriented approach is reflected in the adjustment of Chinese anatomical terminology in the wake of amendments in the Latin terminology. In 1947, the Chinese government published an amended list of Chinese terms in response to the changes made in Jena (NICT 1947). Each change in the Latin nomenclature gave rise to a corresponding change in the Chinese terminology, as the examples below show. In most cases, the changes in Latin were merely improvements in a name for a given part of the body (rather than newly isolated parts or redivision of parts). Since the Chinese terminology is highly source-oriented, the changes could be reproduced in Chinese too.

389. Flexura duodeni inferior → Flexura duodeni caudalis / 十二指腸下曲 → 十二指腸尾側曲

390. Frenulum labii superioris (oris) → Frenulum labii maxillaris / (口) 上唇繫帶 → 上頤唇繫帶

391. Lymphoglandulae auriculares posteriores → Lymphonodi retroauriculares / 耳后淋巴腺 → 耳后淋巴結

The deviations from pure loan-translation frequently appear to be related to shortcomings in the SL terminology: a) vague suffixes, e.g., *-itis*, *-osis*, which are concretised in

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Chinese as ‘inflammation’, ‘condition’; b) the use of generics for specifics, e.g., *salpinx*, lit. ‘tube’, ‘trumpet’, for which Chinese wisely supplies the generics ‘ear’ and ‘uterus’; *mininges* and *hymen*, which originally meant ‘membrane’, for which Chinese supplies the generics ‘brain’ and ‘virgin’; *cochlea*, snail, for which Chinese supplies ‘ear’.

The choice of source-independent formation would appear to arise when an LGP/CM equivalent or loan-translation is unavailable or unsuitable. The use of loan-translation among simple terms, for instance, is encouraged by the absence of an LGP/CM equivalent and the unsuitability or inefficiency of a semantic translation. For the loan-translation equivalent of *pelvis*, 骨盆 *gǔ pén*, would have been encouraged by the absence of a Chinese LGP/CM term for this structure, and the availability of the metaphor ‘basin’. A source-independent formation might be preferable where loan-translation is difficult or not meaningful. For instance, semantic translations of *gland* (Latin *glandula*) and the Greek combining form *aden-*, both meaning ‘acorn’, would have been discouraged by the unfamiliarity of the oak in the Far East. Loan-translation was avoided whenever the formation of the original term was obscure, and a clearer one could be formed independently without loss of efficiency. For example, *ascites*, ‘wine skin’ (a leather bag containing liquid), requires two morphemes to express in Chinese (酒囊 *jiǔ náng*, ‘wine bag’), as many as the nonmetaphorical name (腹水 *fù shuǐ*, lit. ‘belly water’) requires. We might surmise that it was for similar reasons that *epithelium* (Greek *thele* means ‘nipple’) and *synovia* (Greek *syn* + Latin *ovum*) ended up as 上皮 *shàng pí*, lit. ‘upper skin’ and 滑液 *huá yè*, lit. ‘slippery humour’ or ‘lubricating fluid’.

The highly consistent use of a source-oriented approach to the Chinese translation of Western medical terms seen in all aspects of medical terminology is, I suggest, attributable to the source-dependency in the transmission of knowledge. It reflects a desire for source-transparency in Chinese which serves the goal of ease of translation in a discipline in which most of the advances come from abroad.

It might be noted in passing that the greater specification of Chinese terms in such cases and the fact that Chinese uses LGP words rather than alien words as in English make the Chinese terminology of Western medicine more precise and more self-explanatory than the classically-oriented terminology of English. The Chinese versions of *epididymis* and *hepatitis* are explicit to a lay Chinese (just as *Nebenhoden* and *Leberentzündung* are to a speaker of German). Indeed, it has been noted that in Chinese, for example, many modern technical terms have clearer literal meanings for their readers than the foreign

terms they render have for SL readers (Lyovin 1997: 135). The much lower level of synonymy in the Chinese terminology is another of its major merits.

3.2.3.6 Comparison of Methods Applied in Chinese, English, and German

The translation of Western medicinal terminology into Chinese, English and German show a clear preference for a source-oriented approach. LGP equivalents are naturally used in all three for terms used in their LGP sense in the SL. The translation of LSP-bound terms mainly takes the form of borrowing (loans and loan-translations) in all three cases. Nevertheless, there are differences in the preponderance of loans on the one hand and loan-translations on the other.

English medical terminology offers a classical example of a preponderance of loan-translation, where virtually all terms other than LGP terms are borrowed. Chinese, by contrast, is a classical example of the loan-translation approach; it achieves its goal with little need to resort to loans or source-independent formations. German, in the early translation of anatomical terms, displayed a tendency similar to that of Chinese. In more recent times, it has tended to prefer loans, and its general terminology now is not much less classical than that of English. This is of course attributable to the familiarity of German speakers with classical lexis.

German and Chinese show similar tendencies in loan-translations and source-independent equivalents. Both roughly follow a word/morpheme-for-word/morpheme structure (in Chinese this is a character-for-word/morpheme translation); both tend to add elements to loan-translations for clarity's sake (e.g., *Bindehaut* and 結膜 *jié mó*); and both tend to delete Latin diminutives. Nevertheless, Chinese does so with greater frequency than German. While the German *Regenbogen* and *Steigbügel* are simple semantic translations of the metaphors, the Chinese 虹膜 *hóng mó* and 蹬骨 *dèng gǔ* both add elements ('membrane' and 'bone', respectively). The reason for this lies in the problem of phonetic attrition and the consequent reduction of monosyllabic words. Semantic translation of *iris* and *stapes* would have to be 彩虹 *cǎi hóng*, 'coloured rainbow', and 馬蹬 *mǎ dèng*, 'horse stirrup', to be intelligible in speech as well as writing (as opposed to 虹 and 蹬 alone). Nevertheless, the compound terms 'rainbow membrane' and 'stirrup bone' have the advantage of not only allowing identification in speech as well as writing but also of disambiguating the metaphor, without adding to the syllable total. Even in modern Chinese, multiple character-words are often reduced to single characters in compounds. Furthermore, both German and Chinese tend to concretise vague suffixes (e.g., *Leberentzündung*, 肝炎 *gān yán*), but again, Chinese more than German. As regards source-independent formations, both languages tend to choose this method when

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the SL term is unclear or poorly motivated or when a literal translation would be poorly motivated. German and Chinese are similar in that they create vocabulary largely by compounding, differing from Latin, which often prefers to use existing words in extended senses.

3.2.3.7 Extralinguistic Background

The translation of Western medical terms should be understood against its extralinguistic background. The Chinese started to learn about Western medicine about 400 years ago when European nations began trading in the Far East. It was in the same period that Westerners began to learn of Chinese medicine.

In the initial phase, Chinese interest in Western medicine and other branches of Western learning was a matter of curiosity to learn about a distant and alien culture to which the Chinese accorded no special prestige. The attitude of the recipients can be observed in the transmission process. The earliest anatomical translation was performed by the Swiss physician P. Johannes Terrenz (1576–1630) with the help of Chinese scholars. The text describes nerves as being responsible for feeling and movement. Nevertheless, the Chinese translation explains the matter in terms of the indigenous concept of qì: “The nerves (細筋 *xì jīn*, ‘fine sinews’, an appropriately modified literal rendering of the Latin *nervus*, which originally meant ‘sinew’) are not hollow; they contain only qì, and no blood. Thus when a person who cannot feel or move, this is because there is no qì, and therefore no strength (“其體合三者而成，乃皮與骨髓，肉筋也”，“細筋中無空處，止有氣而無血，故身體不能覺不能動者，因無氣則無力矣。”) (Lǐ J-W 1998: 256). Thus, the translation involved a conceptual adaptation of the original content for Chinese readers.

Western knowledge stimulated interest and exerted a minor influence on Chinese medicine (Lǐ J-W 1998: 62). Nevertheless, the interest was not great. Emperor Kāng-Xī (康熙) commissioned missionaries to translate anatomical material into Manchurian, but when they had completed their work, which was compiled from the anatomical works of Guichard Joseph de Verney (1648–1703), Thomas Bartholin (1616–1680), and others, the Emperor decided that it was a book of special knowledge not fit for the general public (此書乃特異之書，故不可與普通文籍等量觀之，亦不可任一般不學無術之輩濫讀此書。) (Lǐ J-W 1998: 261).

It was not until the 19th century that Western medicine attracted greater interest. By this time, Western powers were making incursions into China’s economic life, and Western civilisation was beginning to exert great influence. Western medicine came to be adopted in China, as in many other countries throughout the world, not so much on

evidence of its superior efficacy to any indigenous form of medicine as out of the prestige accorded it by virtue of its being the medicine of the economically most advanced nations (Sivin 1987: 6).

The Chinese realized that the economic and political superiority of the West lay in its superior technology, and that they had to acquire Western scientific and technological knowledge if they were to restore their country to strength. They also realized that in order to acquire this knowledge they had to gain full linguistic access to the source culture. Thus, in the mid-19th century, they began establishing schools designed to teach foreign languages so that students could gain access to Western knowledge and translate technical information into Chinese (Wáng F-J 1945: 277–280; Bì C 1996: 328–331).

At the same time, plans were put in action to encourage Chinese students adequately trained in foreign languages to go abroad to study (Wáng F-J 1945: 280). These early moves, which have continued into the present, reveal the clear recognition that language is the vehicle of knowledge, and that source languages must be learned, not necessarily by all students of the subject in question, but at least by a small number of people capable of translating information for wide dissemination. Nowadays, students in the People's Republic of China (PRC) learn modern medicine by the medium of Chinese, in a Chinese terminology closely pegged to the terminologies of Western languages. In Hongkong and Táiwān, greater emphasis is placed on students being able to read English texts. In both cases, however, the linguistic link is important. A good command of English is indispensable for any Chinese (or person of any other nationality) wishing to gain access to the findings of international research and or to gain international credit for his or her own research work—in medicine, as in virtually every modern field or discipline.

Although in China (as in Japan) the number of people who are both fully competent in medical English and make continual use of this skill must be quite small, these people are obviously an important link in the transmission of information. Moreover, these bilingual experts are those responsible for the selection of Chinese terms that the rest of the community uses. As explained in 2.2 (Contact Between Languages), borrowing is closely associated with bilingualism, and, as I pointed out in 2.3.5 (Terminological Translation), whatever freedom exists in term-formation in the target language, the source-language term constitutes an influential precedent.

The nature of Western medical concepts inevitably plays a role in how terms are named. Western medicine is a highly integrated discipline, even though it spans a number of distinct sciences. Medical concepts are precisely defined, and the terms that are chosen to represent them, at least nowadays, are carefully chosen to reflect the essential features

3. WESTERN MEDICINE: A PRACTICAL MODEL OF SOURCE-ORIENTED TRANSLATION of the concept. Constant effort is made to eliminate polysemy and synonymy within the term system as a whole. From this point of view, it is not surprising that where loans are difficult, close loan-translation is chosen instead.

Highly significant in this context is the fact that Western medicine is constantly evolving. The adoption of Western medicine in China was not a single act of transplantation, but has been an ongoing operation. The continual advances in medicine made by the international community and in particular the Western community secure the bilingual's key position in the development of Western medicine in China.

In LSP realms, the preeminence of the SL term in representing the concept, the need for pegging TL terms to the SL (difficult in fields with numerous terms), and the structured nature of the SL terminology tend to conjugate in favour of source-orientation. These three factors may explain why source-orientation appears to be more prevalent in the medical field than in the LGP (see 2.2.2, Western Influence on Chinese).

3.3 IMPLICATIONS FOR THE ENGLISH TRANSLATION OF CHINESE MEDICAL TERMINOLOGY

The general tendency toward source-oriented translation (loans and loan-translation) in the translation of medical terms into English, German, and Chinese suggests that even though this method is theoretically dispensable (see 2.3, LSP and Terminological Theory), it is practically desirable and even necessary. It is not therefore unreasonable to think that it would be desirable and necessary in the translation of Chinese medical terminology into English too. Furthermore, if, as Western medical term-formation in German, English, and Chinese suggests, TL term-formation is determined by factors inherent in each language, then it should be furthermore possible to deduce procedures for the translation of Chinese medical terms into English from those general tendencies.

We may well expect that Chinese medical knowledge, like Western medical knowledge, will coincide with laymen's knowledge, and that it will make use of lay terms for body parts, internal organs, etc. It is natural to suppose that the English equivalents of these LGP terms would serve the purposes.

For terms that do not have LGP equivalents, the choice is between loan, loan-translation, and source-independent formation. In an intense process of transmitting Chinese medical knowledge from the SL to the TL by the medium of translation, we could expect a source-oriented approach to translation in which TL terms are closely pegged to SL terms. If we suppose that source-independent formation tends to be used as a supplement to loan-translation, it is reasonable to expect that our choice lies between borrow-

If loan is the more viable option, we must demonstrate that English can borrow freely from Chinese. If loan-translation is the more viable option, there must be sufficient isomorphism between English and Chinese. If neither borrowing nor loan-translation were possible, then we would expect source-independent formations.

As I shall show in 7.1 (Loans [Pīnyīn Transcription] Versus Loan-Translation), there are several reasons why the possibilities of borrowing from Chinese are limited: a) English has no tradition of borrowing from Chinese; b) the recipients of Chinese medicine generally have no acquaintance with the Chinese language that would give borrowing a chance of development; and c) the tonality of Chinese that is important in distinguishing different words can not be carried over into English. By contrast, English correspondences to Chinese lexis in the domain of Chinese medicine, which will become apparent in the next two chapters (4 and 5), makes loan-translation supplemented by source-independent formation the more viable option, and given the uncertain nature of the relationship between Chinese terms, concepts, and referents, it is often the only option. Furthermore, as I shall show in 6.2 (Approaches to Chinese Medical Term Translation), source-independent formations in English of Chinese medical terms can distort Chinese concepts considerably, and that these distortions are due, not to any insufficiency in the lexical correspondence of English to Chinese, but rather to a tendency to assimilate Chinese concepts into a Western frame of reference (Chapter 6, Transmission and Translation of Chinese Medicine).

Translators apparently favouring a semantic approach to translation disagree on the exact modalities of it. Because English is a Germanic language with a thick overlay of classical lexis that is particularly apparent in the English terminology of modern medicine, some, notably Chinese, scholars have said that loan-translation should take the form of classical derivations. I shall address this contention in Chapter 6 (6.2.6).

At the beginning of this chapter, I argued that the success of a transmission act allows a positive evaluation of the particular translation approach applied. Indeed, we could also say that the consistent application of a particular approach to term translation between different languages and in different fields would make that approach a practical indicator of the success of transmission. This question I shall address in Chapter 6 (Transmission and Translation of Chinese Medicine).

CHAPTER 4

OUTLINE OF CHINESE MEDICINE

Chinese medicine as we know it today has a history of over two thousand years. In that period of time it has undergone constant change and development. The body of knowledge that has been received in the present and its historical development have been described in English (Wong 1936: 1–254; Lu & Needham 1980; Unschuld 1985; Sivin 1987: 43–199; Unschuld 1998; Harper 1998; Birch & Felt 1999:3–183). What is required in preparation for the discussion of Chinese medical term translation is to outline the basic cognitive bases and general development trends.

4.1 THE BEGINNINGS OF DETERMINISTIC MEDICINE

Up until the second century B.C., disease was largely attributed to the work of ancestors, spirits, and demons, and it was prevented and treated by propitiating the ancestors, spirits, and demons. These beliefs in the influence of supernatural forces over human health have taken on different forms in time, but they have existed down to the present.

In the second and first centuries B.C., a new understanding of the body and its afflictions grew up along side the old one, and partly replaced it. According to the new view, health and sickness, rather being the result of ancestral or demonic spirits, conformed to natural laws rather, and mastery of these laws would permit intervention in morbid processes and restore the body to health. This revolution did not arrive spontaneously; rather it came in the wake of the flowering of philosophical thought, which viewed, among other things, the health of society as subject to natural laws of the *Dào*. The three major schools of philosophical thought were the Daoists, the Legalists, and in many respects most importantly the Confucianists. According to Confucian thought, social stability could be

ensured when each individual performed his social duties correctly, and health could be preserved by adequate food and clothing, and a temperate lifestyle.

Adequate diet was needed to maintain the strength of the body, but excesses of food and drink, and of sexual activity, were to be avoided, since these were observed to have deleterious effects. Environmental influences such as cold, heat (fire), wind, and dampness were also observed to cause illness. Yet these were less likely to affect a body that was adequately, and not excessively, nourished. The environmental influences, which were of course seasonal in nature, were considered to be capable, especially in weak health, of entering the body and lodging in certain places. Disease could be prevented by avoiding or ensuring physical protection against such influences, and treated by eliminating the offending influences and restoring weakened aspects of bodily functions.

This deterministic approach, whose basic tenets strike the modern mind as being perfectly rational, involved recognising the body as being composed of parts, each of which had a function in maintaining the health of the body. The functions of internal organs are described in the *Huángdì Nèijīng* (黃帝內經 “Yellow Thearch’s Inner Canon”), the first major medical text from the Early Hàn or first and second century B.C., but the authors do not provide a comprehensive rationale for their conclusions, and we can only speculate on this from the conclusions themselves.

We may safely assume that some of the functions of the internal organs were deduced from external observations of biological activities (eating, defecating, and urinating) and a rudimentary knowledge of internal anatomy. We would imagine that instinctive awareness of the need for food to maintain life, and observation of the contents of the stool would have prompted the notion of a tract running from the mouth to the anus that conducts food, transforms it, and extracts from it what is necessary for the maintenance of bodily function. Similarly, we may assume that the notion that the lung extracts something from the air vital to human life was deduced from respiration. Again, we may presume that the idea that the bladder stores urine produced by the kidney was deduced in the same way. By contrast, the functions of the heart, liver, and gallbladder are not directly related to outward biological activities. The heart, for example, was understood to be the seat of the spirit, and although it was associated with the blood vessels, the heart as the pump of the circulation was never clearly postulated in China (see Unschuld 1985: 76; Sivin, 1987: 437).

The ancient Chinese performed rudimentary dissection. The *Huángdì Nèijīng* describes the shape and size of the major internal organs. Nevertheless, anatomy never developed beyond this, a fact usually attributed to the Confucian taboo against temper-

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ing with the body of an individual based on the notion that it was unfilial toward to the individual's parents. There never developed in China any notion similar to the one that has become predominant in the West that *function* must be understood purely in terms of *material structure*.

The internal structure of the body only revealed a limited amount of information concerning physiological functions. This was complemented by speculations originating outside the body. The theories that were applied were those of the yīn-yáng and five-phase doctrines, which are often called *systems of correspondence* by modern scholars. These systems of correspondence are thought to have their origin in magical notions of ontological connections between like phenomena (Unschuld 1985: 52; 1998: 13). The following quotation reflects a belief that rulers could influence the world through the yīn-yáng system of correspondence.

The most important concern of the state, upon which hinges the preservation of natural and social order, is the marriage of the prince. If the union of the king and queen is not complete, the order of the universe is disrupted. If one partner oversteps his rights, eclipses of the sun and moon occur. "The son of the heavens controls the movement of the masculine principle [yang], his wife controls the movement of the feminine principle [yin]." Granet 1976: 51, quoted in Unschuld 1985: 56

Table 5. Yīn-Yáng in General Phenomena

Phenomenon	Yáng	Yīn
Space	Heaven	Earth
Time	Day	Night
Season	Spring Summer	Autumn Winter
Sex	Male	Female
Temperature	Hot	Cold
Weight	Light	Heavy
Brightness	Light	Dark
Motion	Upward, outward	Downward, inward
	Evident motion	Relative stasis

As the yīn-yáng doctrine evolved into a deterministic doctrine, magical influence gave way to cosmic resonance. Things and phenomena that had natural complementary

opposites could be classified as either yīn or yáng according to not only their nature, but also the relationship and interaction between the two. Examples are given in Table 5.

In medicine, yīn and yáng classification of body parts, internal organs, and physiological substances and their upward and downward, inward and outward movement in the body was combined with the understanding of basic physiological processes inferred from rudimentary anatomical observations. Yīn and yáng did not shed much light on the detailed workings of the internal organs, but they furnished a productive basis for understanding relationships between them. See Table 6.

Table 6. Yīn-Yáng in the Human Body

Yáng	Yīn
Exterior, back	Interior, abdomen
Bowels (臟 <i>zàng</i>)	Viscera (腑 <i>fǔ</i>)
Skin, body hair	Bone, sinew
Qì and defence	Blood and construction
Agitation	Calm
Strength	Weakness

The yīn-yáng doctrine notably fostered the discovery of important pathomechanical principles, such as ‘when yáng prevails, there is heat’ (陽勝則熱 *yáng shèng zé rè*) and ‘when yīn prevails, there is cold’ (陰勝則寒 *yīn shèng zé hán*), that have been influential to the present day.

The doctrine of the five phases was a system of correspondences that was based on five positions instead of the two of the yīn-yáng doctrine. At first, there were apparently difficulties in applying the five-phase doctrine, since the internal organs were differently attributed to the phases by different writers and at different times (Unschuld 1998: 17). So long as the Hàn Dynasty was associated with the earth phase, the heart, which already in the Zhōu period had been designated as the most important organ, was considered to belong to the earth phase. Yet with the beginning of the Later Hàn period, fire came to be identified with this dynasty, and so the heart came to be equated with fire.

The early confusion about the ascription of the organs to the five phases is evidence of the difficulties of imposing order on the obscure realm of the internal workings of the human body by means of the doctrine. Yet, after this initial period of changing attributions, a more or less definitive set of correspondences was found that remained unchanged to the present. One can only imagine that in time theoretical insights gained from the application

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of the five phases were integrated with empirical observations. The following table offers examples of correspondences in the realm of nature.

Table 7. Five Phases in Nature

Wood	Fire	Earth	Metal	Water
Sour	Bitter	Sweet	Acrid	Salty
Green-blue	Red	Yellow	White	Black
Birth	Growth	Transformation	Withdrawal	Storage
Wind	Summer-heat	Dampness	Dryness	Cold
East	South	Centre	West	North
Spring	Summer	Long summer	Autumn	Winter

In medicine, the five phases were not only used to classify the main internal organs, but also other body parts, bodily substances, and bodily and mental functions.

Table 8. Five Phases in Man

Wood	Fire	Earth	Metal	Water
Liver	Heart	Spleen	Lung	Kidney
Gall-bladder	Small intestine	Stomach	Large intestine	Bladder
Eyes	Tongue	Mouth	Nose	Ears
Sinew	Vessels	Flesh	Skin & body hair	Bone
Anger	Joy	Thought	Sorrow	Fear
Nails	Complexion	Lips	Body hair	Hair
Tears	Sweat	Drool	Snivel	Spittle
Shouting	Laughing	Singing	Wailing	Moaning
Ethereal soul	Spirit	Ideation	Animal soul	Mind

The *five phases* in the past were often referred to in English as the *five elements* because of a supposed similarity with the *four elements* of ancient Greece. Yet while the

varied combinations gave rise to the material variety of the world, the Chinese phases represented types of activity. This notion is highlighted by the word 行 *xíng*, ‘movement’, ‘action’, though belied by the symbols wood, fire, earth, metal, and water. An early generic name for the five was the 五才 *wǔ cái*, the ‘five materials’, but in the philosophical and scientific application of the system, the notion of movement and activity predominated. Nowhere is this more in evidence than in the classification of the activity of nature in the seasons. Wood denotes the expansive movement of nature in the spring-time; fire, the heat of summer; earth, the fructification in late summer; metal, the sharp curtailment of activity in the fall; and water, the dormancy of nature in winter.

The association of the five phases with the seasons is clearly visible in at least two of their connections with the five major internal organs. One example is the spleen and stomach. The spleen, it must be understood, was considered the internal [yīn] counterpart of the stomach [yáng] apparently on the grounds of its proximity to the stomach. The spleen and stomach were considered to assimilate and distribute the ‘essence of grain and water’ (nutrients in foods) around the body. This understanding was apparently based on the analogy of earth as the source of crops that provide food. The kidney, associated with the bladder perhaps on anatomical evidence, was considered to be the viscus of water (urine). We might speculate that it was by the association of water with winter, the time when most plant life is ‘stored’ in the form of seeds, that the kidney was also considered to store the ‘essence’ of the body, which explained not only reproduction of the organism, but also the processes of development and aging. The five phases apparently facilitated a rather vague guess at the function of the liver. The liver’s qì is said to like ‘orderly reaching’ like the outward thrust of plant growth.

Five ‘storehouses’ (藏 *zàng*), the lung, heart, spleen, liver, and kidney, and six ‘mansions’ (府 *fǔ*), the small intestine, large intestine, stomach, gallbladder, urinary bladder, and triple burner, form the central functional units of the organism. In addition, a sixth storehouse, the pericardiac network, was identified, which was brought into play only when the application of the yīn-yáng doctrine called for a sixfold organisation of the central organs. The brain, the marrow, and the uterus were discussed as organs, but for numerical reasons, they were regarded as *extraordinary mansions* (奇恆之府 *qí héng zhī fǔ*).

The yīn-yáng and five-phase doctrines did not determine the Chinese medical model in isolation. The formative period of Chinese medicine was not only influenced by a newly born determinism in social and health regulation; it was also influenced by eco-

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nomic, social, and political events in China in the Qín (Unschuld 1985: 79–80; 1998: 20).

The initial unification of the Chinese empire by the first emperor of the Qín Dynasty (reigned 221–206) introduced a completely new state structure such as had never been known before in China. Different parts of the country grew together as they became linked through a system of roads and waterways. Harmonisation of weights, measures, and writing contributed to the integration of the lives of formerly separate political entities into a monolithic empire.

The body came to be viewed as an empire. Individual organs had been known for a long time, just as individual vessels running through the body had been. Yet it was not until the late second or even the first century B.C. that these individual parts grew together producing an organism in which each organ was dependent on the others and contributed in various ways to supplying the needs of the body as a whole.

The medical texts that were placed in the Mǎ-Wáng-Duī (馬王堆) tombs in Cháng-Shā before they were sealed in 167 B.C. discussed eleven vessels within the body. At that time, these eleven vessels were understood to be separate and independent. Later, as we see from the *Huángdì Nèijīng* compiled in the first century B.C., the eleven separate vessels gave way to the notion of twelve channels connected to each other, forming a circuit and traversing all major areas of the body.

The notion of interlinking vessels was gradually refined into a complex system of channels (經絡 *jīng luò*), which, like the roads and waterways of the unified empire, penetrated the whole body and the limbs, as well as the storehouses and mansions, and thereby connected them. Twelve main channels (經 *jīng*) were connected with network vessels (絡 *luò*), which ramified further into ‘grandchild vessels’ (孫絡 *sūn luò*). In addition, there were special channels outside the constant circulation that had a certain function as reservoirs.

The system of channels and network vessels complemented an older conception of the blood vessels. For a long time, the blood vessels, visible under the skin, had evidently been a focus of diagnosis and treatment. Determining whether the veins were full or empty, and whether the skin covering them was smooth or rough furnished data about the state of the patient. Fullness was treated by bleeding, and emptiness by the application of heat according to purely physical laws. Probably in the second century B.C., the Chinese came to recognise, in addition to blood, a vaporous agent, qì, to be of vital significance. Qì flowed, most importantly, in the channels permeating the deeper levels of the limbs

and body, and was supplemented or drained not with the pointed blood-letting stone, but with fine needles.

The resemblance of the channels and network vessels to waterways that formed the mainstay of communications in the empire is reflected in much of the terminology describing it in early medical literature. Examples given in the list below are taken from *Medicine in China: A History of Ideas* (Unschuld 1985: 82) with my own additions.

Water Metaphor in the NèiJīng

392. 湖 <i>hú</i> , ‘lake’	400. 漳 <i>zhāng</i> , ‘river’	408. 滯 <i>zhì</i> , ‘stagnate’
393. 海 <i>hǎi</i> , ‘sea’	401. 川 <i>chuān</i> , ‘stream’	409. 滲 <i>shèn</i> , ‘percolate’
394. 澤 <i>zé</i> , ‘marsh’	402. 流 <i>liú</i> , ‘to flow’	410. 渠 <i>qú</i> , ‘ditch’, ‘channel’
395. 池 <i>chí</i> , ‘pool’	403. 溜 <i>liū</i> , ‘flow’	411. 瀆 <i>dú</i> , ‘ditch’, ‘sluice’
396. 泉 <i>quán</i> , ‘spring’	404. 灌 <i>guàn</i> , ‘pour’	412. 隧 <i>suì</i> , ‘underground passage’, ‘tunnel’
397. 源 <i>yuán</i> , ‘source’	405. 溉 <i>gài</i> , ‘irrigate’	413. 衝 <i>chōng</i> , ‘thoroughfare’
398. 淵 <i>yuān</i> , ‘deep source’, ‘abyss’	406. 注 <i>zhù</i> , ‘pour’, ‘flow’	414. 輸 <i>shū</i> , ‘transport’
399. 滎 <i>yíng</i> , ‘brook’	407. 瀉 <i>xiè</i> , ‘drain’	

Evidence of influence of the organisation of human life on the understanding of the human organism is by no means confined to transportation. The political and social spheres also left their mark.

The following passage from the *Huángdì Nèijīng* shows clearly the political and economic analogies that underlie the conception of the nature, function, and interaction of the internal organs. The body is considered to be like an empire, controlled by a hierarchy of officials with the emperor in supreme control.

黃帝問曰：願聞十二藏之相使，貴賤和如？歧伯對曰：悉乎哉問也，請遂言之：心者，君主之官，神明出焉。肺者，相傳之官，治節出焉。肝者，將軍之官，謀慮出焉。膽者，中正之官，決斷出焉。膻中者，臣使之官，喜樂出焉。脾胃者，倉廩之官，五味出焉。大腸者，傳導之官，變化出焉。小腸者，受盛之官，化物出焉。腎者，作強之官，伎巧出焉。三焦者，決瀆之官，水道出焉。膀胱者，州都之官，津液藏焉。... 故主明則下安，以此養生則壽，歿世殆，以爲天下則大昌。主不明則十二官危，使道閉塞而不通，型乃大傷。以此養生者殃，以此爲天下者，其宗大危戒之戒之。

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The Yellow Thearch asked: “I should like to hear about the relationship between the twelve storehouses and their relative status.” Qí Bó replied: “Most informedly asked! Allow me to answer straight away: The heart hold the office of monarch; the spirit light emanates from it. The lung holds the office of assistant; management and regulation emanates from it. The liver holds the office of general; strategies emanate from it. The gallbladder holds the office of justice; decision emanates from it. The chest centre (i.e., the pericardiac network) is the emissary; joy and delight emanates from it. The spleen and stomach hold the office of the granaries; the five flavours emanate from it. The large intestine holds the office of conveyance; whence mutation emanates. The small intestine holds the office of receiving plenitude; the transformation of things emanates from it. The kidney holds office of labor; strength and ability emanate from it. The triple burner holds the office of the sluices; the waterways emanate from it. The bladder holds the office of the river island (Regional Rectifier); it stores fluids . . . If the ruler is enlightened, peace reigns for his subjects. He who conducts his life in this way is assured of longevity; he will never be in danger. He who rules the empire in this way will bring forth great prosperity. If, however, the ruler is not enlightened, the twelve officials are endangered, all pathways will be blocked, and the form[al body] will suffer great harm. He who conducts his life in this way will bring misfortune. He who rules the empire in this way will endanger his entire clan. Be warned! Be warned!”

Huángdì Nèijīng Sù Wèn • Línglán Mìdiǎnlùnpīān Dìbā

The political analogies made here reflect a social hierarchy conforming to the Confucian-Legalist world view that lay at the foundations of the Hàn Dynasty. These stand in stark contrast to Daoist elements, such as the reference to men of antiquity being able to live to the age of one hundred in full possession of their physical and mental faculties. Likewise, the metaphors of transportation, storage facilities, and defense reflect a human-centered, empire-oriented outlook that was different from Lǎo Zǐ’s nature-oriented aversion to any highly structured society. According to the philosophy of Lǎo Zǐ, for example, though the people may hear the cocks crowing and dogs barking in the neighbouring country, they ideally should have no contact with the people there (Lǎo Zǐ LXXX). This contradictory composition has led the *Huángdì Nèijīng* to be characterised as a “heterogeneous compendium of diverse systems of ideas” (Unschuld 1985: 107). It represents a formative period in which medical thought was in a state of flux.

4.2 ACUPUNCTURE AND MEDICINAL THERAPY

According to the view of the organism that responded to the Confucian-Legalist world view, the individual organism was like the empire in which a well-organised political hierarchy ensured the smooth interaction of all parts. ‘Evil’ forces could attack from without or arise within. These were kept in check by the forces of ‘right’. The strength of the right forces was to be maintained, and this could be assisted by manipulating the flow of qì by the insertion of needles at certain points in the body known to be particularly responsive, rather in the way that governments make adjustments in one or another part of the economy to maintain, restore, or improve general prosperity. Because the aim was to achieve maximum effect by minimum intervention, the notion of ‘treating disease before it arises’ (治未病 *zhì wèi bìng*) was of great importance. The great organising principles of yīn-yáng and five-phase systems of correspondence tied in with this conception. This view is only partly represented in the *Nèijīng*, but the *Nànjīng* (難經 “Classic of Difficult Issues”), a treatise appearing in the Later Hàn, or 1st and 2nd centuries, consistently follows a systematic-correspondence approach, and thus marks its consummation (Unschuld 1986: 2). The medicine of systematic correspondence and needle therapy thus responded to the world view of the elite classes of a large empire. It held less sway over the masses, for whom the vicissitudes of life were in many ways more closely associated with the forces of nature that determined whether the harvest was lean or fat. Although the Daoist to a great extent shared belief that the individual was responsible for his/her own moral conduct and physical health, it sought a happy existence through the understanding of nature and abidance by its laws. It is for this reason that the Daoists were attracted to healing methods utilising the products of nature. Not surprisingly, the earliest materia medica literature contains virtually no mention of yīn-yáng and the five phases or any other explanatory theory, and is pragmatic: certain plant, animal, or mineral products are effective for treating certain diseases or conditions.

While the Mǎ-Wáng-Duī manuscripts, the *Huángdì Nèijīng*, and the *Nànjīng* inform us of the formative phase of the medicine of systematic correspondence, pharmaceutical literature from the same period is unfortunately lacking.

The two traditions never completely merged but were not entirely separate, and the first attempt to unite them was made by the Later Hàn physician Zhāng Jī (張機, style 仲景 *Zhòng Jǐng*) shortly after the appearance of the *Nànjīng*. Zhāng Jī presented ideas concerning the passage of evils through the channel system into an empirically based theory of *shàng* (傷寒, roughly corresponding to convulsion of febrile disease),

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providing for the treatment of these a detailed set of formulas. Zhāng's understanding of cold damage diseases is seen to stand in direct lineage to the statements on the subject in the *Huángdì Nèijīng*, *Sù Wèn* (chiefly in the *Rè Lùn*, 熱論 “On Heat”), which are of a scant and highly theoretical nature. Zhāng's contribution was that he adapted the *Nèijīng* ideas to form a theoretical framework that could embrace an immense wealth of clinical experience (Mitchell, Féng, & Wiseman 1999: 6–7). Since Zhāng's primary form of therapy was the use of medicinal agents, he, apparently for the first time, created a synthesis between the medicine of systematic correspondence, which otherwise used needling as its main form of treatment, with medicinal therapy. In his own time and for centuries to come, acupuncture and medicinal therapy led relatively separate existences, and it was not until the Sòng Dynasty that Zhāng's synthesis could become part of mainstream trends in medicine.

4.3 LATER DEVELOPMENTS

Zhāng Jī wrote of his understanding of febrile in his *Shānghán Zábìng Lùn* 傷寒雜病論 “Treatise of Febrile and Miscellaneous Diseases”). The original text did not survive the turbulence of the Three Kingdoms period (220–265) fully intact, but was pieced together by Wáng Shū-Hé (王叔和 210–285) from remaining fragments to form *Shānghánlùn* (傷寒論 “On Cold Damage”). Wáng Shū-Hé is also known for his contribution to the art of pulse-taking. His understanding of the pulses came ostensibly from Zhāng Jī, but his *Màijīng* (脈經 “Pulse Canon”) is noteworthy because it introduced for the first time detailed definitions of numerous pulse conditions.

Acupuncture and moxibustion continued to make advances. In the 3rd century, *Zhēnjiǔ Jiǎyǐjīng* (針灸甲乙經 “The Systematic Canon of Acupuncture and Moxibustion”) by Huáng-Fǔ Mì (皇甫謐) listed 300 acupuncture points on the twelve regular channels and 49 on the two midline channels, that is, 649 of the 670 nowadays accepted by modern Chinese sources. This represents a substantial expansion over the *Nèijīng*, which contained only 295 of the current 670 (Birch & Felt 1999: 22). However, Huáng-Fǔ Mì offered no fundamental innovations, nor did the next major medical writer after him, Sūn Sī-Miǎo (孫思邈, 581–682?), who compiled voluminous prescription works.

In the 7th century (Táng Dynasty), Wáng Bīng (王冰) produced a revision of the *Sù Wèn* (素問 “Elementary Questions”) that notably included a highly complex theory concerning the relationship between climatic changes and human health. In his preface, Wáng Bīng admitted that he had added it but claimed that it had been handed down from antiquity, but he gave no sources, and no previous record of it is known today. With the

support of the yīn-yáng and the five phase, the creators of the doctrine of the five phases and six qì sought to rationally explain the occurrence of rain, wind, dryness, cold, and heat in the course of the four seasons and over the years. This doctrine (described in Unschuld 1998, 39–59) became formalised as the five periods and six qì doctrine (五運六氣 *wǔ yùn liù qì*).

With the development of neo-Confucianism (理學 *lǐ xué*) in the Sòng Dynasty (960–1279), intensive efforts were made to verify the validity of the medicine of systematic correspondence by extending it to practical medicinal therapy. Before the Sòng, whereas 100 books on acupuncture, 50 on physiology, and 70 on the pulse had appeared, fewer than 10 works had followed up Zhāng Jī's integration of medicinal therapy into the principles of systematic correspondence. It was not until this period that Zhāng Jī's approach became mainstream.

Since antiquity, the qualities of edible substances had been determined by their flavour and nature (meaning degree of hot or cold). In theoretical literature, these qualities had been discussed as abstractions and in their significance for dietetics. The *Huángdì Nèijīng* states, “Heat is treated with cold; cold is treated with heat.” In the late Sòng, authors integrated flavours and natures into the yīn-yáng and five-phase framework. Flavour was defined as a yīn quality and nature as a yáng quality. Warm, hot, and balanced temperatures of a drug were considered strong qualities and hence as yáng in yáng; cold and cool temperatures were considered weak qualities, and hence yīn in yáng. Sour, bitter, and salty were considered to be strong flavours and rated as yīn in yīn; acrid, sweet and neutral were interpreted as weak flavours, and therefore characterised as yáng in yīn. In a five-phase classification, salty and warm qualities were ascribed to wood, sour and hot qualities to fire, sweet and balanced qualities to earth, bitter and cool qualities to metal, and acrid and cold qualities to water. Through the five-phase system, certain affinities were established between drug qualities and the internal organs.

Other developments came about in the same period. Liú Wǎn-Sù (劉完素 1110–1200) was the founder of the so-called school of cold and cool medicines (寒涼派), which believed that diseases were essentially the result of heat, and consequently that treatment should center around cooling. Lǐ Gǎo (李杲 1180–1251) is noted for developing the spleen and stomach school (脾胃派), which regarded the majority of diseases as essentially attributable to damage to the stomach and spleen. Thus, very different approaches to treatment were established on identical theoretical bases.

This period of Chinese medicine was primarily one that saw developments in medicinal therapy. Little new arose in acupuncture. The *Nèijīng* was held in higher

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esteem than the *Nèijīng*, obviously because of its consistent and exclusive concern with the principles of systematic correspondence. With the extension of systematic correspondence to medicinal therapy, it was natural to combine medicinal therapy with acupuncture in clinical practice. A notable example of this practice is the work of Zhāng Cóng-Zhèng (張從正 1156–1228).

The Míng Dynasty was a high point in medical literature. A major publication was the *Běncǎo Gāngmù* (本草綱目 “The Comprehensive Herbal Foundation”) written by Lǐ Shí-Zhēn (李時珍) and published in 1590. It comprehensively presents the contemporary pharmaceutical knowledge. It discusses 1,892 medicinal substances and contains over 1,000 illustrations and over 10,000 medicinal formulas. The information provided for each medicinal includes explanations of names, information about nature and flavour, and instructions for processing.

The Míng saw the publication of a number of acupuncture works, including the *Zhēnjiǔ Dàquán* (針灸大全 “The Complete Compendium of Acupuncture and Moxibustion”), *Zhēnjiǔ Dàchéng* (針灸大成 “The Great Compendium of Acupuncture and Moxibustion”), and the *Zhēnjiǔ Jùyīng* (針灸聚英 “Gathered Blooms of Acupuncture and Moxibustion”). The first of these, written by Yáng Jì-Zhōu (楊繼洲) and published in 1601, sums up all the achievements in acupuncture and moxibustion to date, and as such is comparable in its comprehensiveness to the *Běncǎo Gāngmù*. It discussed 667 of the 670 acupoints appearing in modern literature (Birch & Felt 1999: 33). *Zhēnjiǔ Dàchéng* roughly summarises the heritage that has been passed down to the present, and it is not surprising that Georges Soulié de Morant should have taken its contents as the basis for his *Acupuncture chinoise*.

So far in the development of Chinese medicine, Zhāng Jī’s *Shānghánlùn* had constituted the only theory-based understanding of febrile diseases. Zhāng’s understanding of these diseases were that they were predominantly caused by wind and cold—hence the title of his book, “On Cold Damage.” However, another cause of febrile disease, warm evil (溫邪 *wēn xié*), had been mentioned in the *Nèijīng* and recognised by Zhāng Jī. In the Míng Dynasty, writings on warm diseases became more prolific. This development appears to have been attributable on the one hand to the opening up of the south of China where febrile diseases tended to be of a different nature than in the north, and on the other to pestilences arising as a result of wars. In this period, Wú Yǒu-Xìng 吳有性 in *Wēnyìlùn* (溫疫論 “On Warm Epidemics,” published 1642) explained in detail the laws governing the origin, development and pattern identification of warm epidemics. Notably, he posed the etiological notion of a contagious *perverse qi* (戾氣 *lì qì*). This notion rep-

resented a break away from the traditional conception of febrile diseases being caused by climatic influences (e.g., the wind and cold of the cold damage school), and made a great contribution to the foundation of the doctrine of warm diseases. In the Qīng Dynasty, a comprehensive doctrine of warm diseases began to emerge. Yè Tiān-Shì, in *Wēn Rè Lùn* (溫熱論 “On Warm Heat,” 1746) introduced the four-aspect (defence, qi, construction, and blood) pattern identification system. Xuē Xuě (薛雪) in *Shī Rè Tiáo Biàn* (濕熱條辨 “Systematised Identification of Damp-Heat,” 1831) described in detail damp-heat disease patterns. Wú Táng (吳塘, style Jú-Tōng 鞠通) in *Wēnbìng Tiáobiàn* (溫病條辨 “Systematised Identification of Warm Diseases,” 1798) posed the notion of triple-burner pattern identification in the treatment of warm and damp-heat diseases. Finally, Wáng Shì-Xióng (王士雄), in *Wēnrè Jīngwěi* (溫熱經緯 “Warp and Weft of Warm Heat,” 1852), brought together all the theories of his predecessors in a complete doctrine of warm diseases.

As many examples have shown, Chinese medicine was never an integrated system, but an accumulated body of knowledge. Although new insights continually appeared, older ones were not discarded. As time went on, the earlier classics gained rather than lost in value, and the formative period of Chinese medicine came to be looked upon as a golden age unsurpassed by later generations. Chinese medicine never developed a mechanism for separating fact from fiction to everyone’s satisfaction. It never developed the notion basic to the modern Western sciences (including Western medicine), that any explanation of any phenomenon (or procedure) must be demonstrable by repeatable experiment, and that the simultaneous existence of two different theories concerning a single phenomenon necessarily entails at least one of them being wrong. This fundamental weakness in the structure of Chinese medical knowledge only became apparent as Western learning began to enter China in the 19th century.

4.4 CHINESE MEDICINE IN THE MODERN ERA

Modern Western medicine began to enter in China from the middle of the 19th century through the efforts of Christian missionaries. By 1850, ten missionary hospitals had already opened, and their numbers gradually increased. It was not by the power of the missionaries’ religion, though, that Western medicine gained a fast foothold in China, but rather by the power of Western civilisation based on secular knowledge. By the end of the century, after decades of humiliation by Western powers and, finally, by Japan, China’s faith in its own intellectual traditions was deeply shaken, and the values of modern science were seen by an increasing majority to offer the only possible solutions to the nation’s

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problems. In the political realm, this development inspired the overthrow of imperial rule and the founding of the Republic.

Amid these upheavals, Chinese medicine was increasingly viewed as unscientific and primitive, and all but met its demise. In 1929, a bill was presented by Yú Yún-Xiù (余雲岫) for the ‘abolition of the old medicine’. Although opposition was strong enough to prevent the bill from going through, the challenge to Chinese medicine remained unabated. In 1932, the Chinese government ordered that Chinese medical schools be excluded from the mainstream education system.

Chinese medicine gained a reprieve on the mainland in the 1950s after the Communist assumption of power there. Two reasons have been suggested to explain the support of Máo Zé-Dōng’s government for Chinese medicine. One is that China did not have the resources to provide adequate Western medical health care for the whole population, and that there were still many practitioners of Chinese medicine (Sivin 1987: 18). The other is that traditional Chinese medicine contained a strong pragmatic element and its yīn-yáng and five-phase theories were considered as a kind of primitive materialism (Unschuld 1985: 253). Nonetheless, not all traditional Chinese healing practices received communist approval. Chinese medicine was considered as a ‘treasurehouse’ of experience in the treatment of disease, in which, nevertheless, the grain had still to be separated from the chaff. The PRC’s support for Chinese medicine is half-hearted; the medical education it provides trains at least twice as many in Western medicine as in Chinese medicine (Birch & Felt 1999: 52).

In Táiwān, where choice in health-care has been left largely to the individual, Chinese medicine has remained alive out of popular assent, and over recent years has been incorporated into the island’s national health insurance scheme. Nevertheless, support for Chinese medicine is even weaker in Táiwān than in the PRC: Táiwān had nearly three times as many Western medical doctors than Chinese doctors in 1954, and ten times as many in the early 1990s (R.O.C. Health Department 1993, 1995). No government-run university has a Chinese medical faculty.

The challenge of Western medicine and the scientific world view has brought numerous changes. Only those elements of traditional healing practices that have a rational theoretical basis have been deemed acceptable. In the PRC, magical and shamanistic practices have been eradicated, but even in Táiwān, where they have been allowed, they have not been considered by educators to be valid elements of the Chinese medical corpus. At the same time, importance has been accorded to scientific research to establish the scientific basis of Chinese medicine. This has led to the scientific understanding

of various therapeutic mechanisms, and provided ample evidence of the effectiveness of both acupuncture and medicinal therapy. However, the theoretical infrastructure of the system as a whole has not been validated. Notably the channel system, certain organ functions, and external causes of disease traditionally recognised have gained no substantiation. Western research into acupuncture has led to the discovery of endogenous opioids, but the traditional concepts of qì and its pathways that provided the traditional explanatory model of the therapy have not been shown to have any objective referents.

Policy-makers in both the PRC and Táiwān have declined to draw the most radical conclusions of the scientific challenge, which would entail discarding all traditional theories of physiology and pathology and recasting traditional therapies in the mould of mechanisms recognised by modern medicine. The traditional edifice of Chinese medical theory has been left intact, but not entirely unaltered.

The teaching of Chinese medicine was traditionally based on the student-master relationship. In the classical tradition, the earliest knowledge had more importance than the latest. The authors of the early texts were considered to have such deep knowledge that later generations could only approximate. Texts such as the *Huángdì Nèijīng*, *Nànjīng*, and *Shānghánlùn* were often closely studied and even memorised. The shift into the framework of large teaching establishments has led to the creation of new texts that explain the subject systematically in modern Chinese (白話文 *bái huà wén*). Texts such as Mèng & Zhōu's *Zhōng Yī Xué Gài Lùn* 中醫學概論 "Outline of Chinese Medicine") of 1985 (a revised version of the work by Zūn Zhào-Wèi published in 1958) is a typical example. The fact that study of the classics is giving way to short quotations in textbooks that present modern doctrines of traditional Chinese medicine (Sivin 1987: 27) does not simply reflect a desire for greater educational efficiency; it almost certainly reflects falling estimations of the value of classical literature.

Education in basic theory still includes yīn-yáng and the five phases, the channels and networks, causes of disease, and the physiology, or visceral manifestation theory (藏象學說 *zàng xiàng xué shuō*) as it has come to be called in China, more or less according to the contents of the *Nèijīng*. Diagnosis is still presented in the form of the four examinations, which combine a wealth of diagnostic criteria from a wealth of literature. Inevitably this involves presenting different, even conflicting, diagnostic ideas such as different theories concerning how various parts of the tongue and the various vertical and horizontal divisions of the pulse corresponded to internal disturbances. The study of externally contracted disease is explained in traditional terms, even though this involves presenting two

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different schools of thought, that of ‘cold damage’ (傷寒 *shāng hán*) and ‘warm disease’ (溫病 *wēn bìng*).

Central to diagnostic procedures in modern education is the practice of determining treatment on the basis of ‘disease patterns’ identified (辨證論治 *biàn zhèng lùn zhì*). The notion of the disease pattern can be traced to the *Něijīng* and underwent development by Zhāng Zhòng-Jīng, but explicit formulations of it in modern texts, such as the eight principles, qì and blood pattern identification, and bowel and visceral pattern identification, did not begin to develop until the Míng and Qīng (1368–1919) (Zhào J-F 1987: 2). (The first dictionary of Chinese medicine (Xiè G 1921) contains far fewer bowel and visceral disease pattern terms than the 1995 *ZD*.) Treatment by identification of patterns is a key element in modern Chinese medicine on the one hand because it is theoretically based, rather than a symptomatic approach, and on the other because it is a holistic complement to Western medicine emphasising the individual’s particular manifestations of disease.

The ways in which Western medicine has influenced the practice of Chinese medicine have not been systematically studied. But there are some well-known examples. Jaundice, which was traditionally explained largely in terms of damp-heat and the spleen, is now explained in terms of the gallbladder (Wiseman & Féng 1998a: 322). So strong is the new understanding of this condition that modern *Shānghánlùn* commentators have introduced the notion of the gallbladder to explain Zhāng Jī’s approach to treatment (Mitchell, Féng, & Wiseman 1999: 21). Wind-stroke (中風 *zhòng fēng*, apoplexy) is still explained in traditional terms of internal wind and various complications, but its Western medical understanding as a cerebrovascular disease has encouraged the use of blood-quickeners, stasis-transforming medicinals (活血化瘀藥 *huó xuè huà yū yào*). The Western cognitive esthetic of integrated knowledge was doubtlessly responsible for the idea of ascribing categories of medicinal actions to acupuncture points in the 1950s.

In promoting traditional Chinese medicine, the PRC government has hoped not only that Chinese medicine can be purged of all irrational theories and ineffective remedies, but also that it can be integrated with modern medicine to produce an even more effective synthesis. These efforts are still hampered by the ultimate challenge that modern science poses: the theoretical edifice of Chinese medicine largely rests on speculation. There is no firm evidence for qì and the channel system through which it flows, for certain organ functions, for the activity of external evils in the body and other pathological processes, or for the nature and action of drugs as traditionally described. None of these traditional concepts can be accepted by the Western medical community, yet their

abolition would reduce the value of Chinese medicine to an assorted collection of folk remedies.

The future survival of Chinese medicine will undoubtedly entail continuing change under the pressure of modern medical knowledge and the gradual disappearance of the social and cultural motivation of its traditional development. The nature and scope of the changes, as well as the pace of change, still cannot be perceived. Despite the changes that have visibly occurred in modern education, it is clear that so far the Orient has not been so bold as to discard all speculative concepts, since this would lead to a total collapse of the traditional theoretical basis of Chinese medicine.

Chinese medicine has undergone a degree of reacculturation in China (as it has in Korea and Japan). As I shall show in Chapter 6, Chinese medicine is subject to the same pressure to validate itself in modern medical terms in its westward transmission. It will also become apparent that in addition to this, there is also an antagonistic pressure to force Chinese medicine into the mould of a complementary health care, whose values are diametrically opposed to those of Western medicine. These pressures, combined with the lack of familiarity with the culture and language of China, explain the variety of ways in which Chinese medicine is presented, and, specifically, the high degree of variation in terminology.

CHAPTER 5

THE NATURE OF CHINESE MEDICAL TERMINOLOGY

For a full grasp of issues relating to term translation, it is important to understand the nature of Chinese medical terms. The language of Chinese medicine is a specialised form of the Chinese language used for the communication of medical ideas. According to the social and linguistic criteria, it is a language for special purposes. Modern terminological and linguistic understanding can be fruitfully applied to understand the nature of Chinese medical terminology. Nevertheless, LSP and terminological theory have grown up around the modern LSPs of the Indo-European languages of Europe and for the scientifically oriented LSPs that have developed in the West. Before they can provide an appropriate framework for the discussion of Chinese medical terms and their translation into English, the conventional categories of term-formation need to be adjusted if they are to fully accommodate the needs of the Chinese language and reflect the role of nontechnical and semitechnical terms in LSP, which are of particular importance in Chinese medical terminology. The adjusted framework will provide an improved basis for decisions concerning the translation of terms into English.

5.1 FEATURES OF THE CHINESE LANGUAGE

Certain characteristics of Chinese medical terminology are attributable to features of the Chinese language in general, which should be discussed before proceeding any further. Since the terminology of Chinese medicine has evolved over more than 2,000 years, we must be aware of the features of the Chinese language in their diachronic aspect. The terminology established in the Hàn Dynasty evinces features of Old Chinese, whose written form is usually referred to as Classical Chinese, while that of later centuries bears characteristics of literary Chinese.

Chinese as an isolating language: Chinese (especially classical Chinese) is usually considered to be a typical isolating language (or analytical language) (Lyovin 1997: 14–15). Grammatical functions are not marked by inflections but by additional words and by syntax (Norman 1998: 10, 84). Relationships between elements of a sentence are expressed in syntax and in a small number of prepositions, while aspect and tense are expressed, if at all, by the addition of adverbial and sentence-final markers.

Word-Classes: In Classical Chinese, the basic functions of language on the one hand to name things and on the other to describe qualities/states and actions/processes are reflected in two open word-classes, nouns and verbs. The category of verbs can be divided into what are known as *stative* and *active verbs*, the former corresponding to the adjectives of European languages. Stative verbs are not considered strictly to be an independent class (Lyons 1977: 448), because in Classical Chinese (though less so in the modern language) they require no copulative in the predicative position (e.g., 面赤 *miàn chì*, [the] face [is] red) and the syntactical constructions they appear in are indistinguishable from those of intransitive active verbs. The term *stative verb* is nevertheless somewhat misleading since words of this class denote permanent qualities as well as transient states, but I retain these terms in deference to tradition.

The Chinese bipartite division of open classes into nouns and verbs as opposed to the European tripartite division of nouns, adjective, and verbs is not a mere matter of idle classification; it is of great significance in the general structure of expression and in the terminology of Chinese medicine. John Lyons notes that in Indo-European languages the difference is essentially one of form rather than of content (Lyons 1977: 448). In these languages, adjectives have affinities with verbs in that they can be used predicatively with a copulative. Nevertheless, they also have affinities with nouns in that on the one hand (in most European languages) they agree with nouns, and are frequently used attributively in noun phrases, and on the other a seemingly large proportion of them are derived from nouns (in Latin, an adjective is formed from almost any noun). In Classical Chinese, stative verbs have greater affinity with active verbs because, like these, they are typically used in predicative positions, and their attributive use is limited. While it is acceptable for multiple stative verbs to appear one after the other in the predicative position, it is not acceptable in the attributive position. Thus, whereas 舌苔白黏膩 *shé tāi bái nián nì* ('[the] tongue fur [is] white, sticky [and] slimy') is acceptable, *白黏膩舌苔 **bái nián nì shé tāi* ('white sticky slimy [or sticky slimy white] tongue fur') is not. On this latter point, modern Chinese differs from Classical Chinese in that multiple-verb attributive qualifiers are have become permissible, no doubt to some extent as a result of the

influence of Western languages. Classical Chinese shows a strong tendency to allow only short verb phrases to appear in the attributive position and to require the interposition of the subordination/qualification marker 之 *zhī* with multiple-character phrases (see Norman 1988: 104): 白苔 *bái tāi*, white fur, 浮脈 *fú mài*, floating pulse, 微數之脈 *wēi shuò zhī mài*, slight and rapid pulses. The semantic significance of this—though I have never found any description of Classical Chinese in which this view is stated—would appear to be that the predicative form is that habitually used to *describe* the object represented by the subject noun, while the attributive form is used rather to *indicate* a distinct type of the object represented by the head noun. It is noteworthy, as has recently been suggested (Wiseman & Féng 1999), that in the realm of sphygmological discourse, the use of the qualifier + noun (e.g., 浮脈 *fú mài*, floating pulse, 數脈 *shuò mài*, rapid pulse) is not to be found in the earliest literature, and appears to have been an innovation introduced by Wáng Shū-Hé (王叔和) in the third century. In the first chapter of his *Mài Jīng* (脈經 “Pulse Canon”), Wáng lists twenty-four pulse terms with unprecedentedly detailed descriptions. In so doing, he was introducing the idea of set pulse types labelled by noun phrases and furnished with formal definitions. From this time on, sphygmological literature discussed pulses under qualifier + noun (. . . 脈, . . . pulse) headings, although descriptions of pulses involving multiple qualities (as, say, in case studies) continued to use the predicative form (脈 . . . , pulse [is] . . .).

So far I have not mentioned adverbs. In both Chinese and European languages, adverbs are a varied class. Chinese has a small group of words whose only function is adverbial, but verbs, especially stative verbs, are generally used to qualify active verbs (usually without marking in Classical Chinese, but often with additional isolated marker in the modern language). This is roughly similar to the situation in European languages, where adverbs are derived, with relative freedom, from adjectives (e.g., *happy, happily; spontaneous, spontaneously*, but not *red, *redly*).

Words and phrases may change word-class, and this happens without any marking. Classical Chinese is renowned for the ability of words to act in any class, but in medical texts word-class changes, although highly frequent, are by no means unlimited in nature. Verbs (stative and active) regularly nominalise and appear in positions in the sentence normally occupied by nouns (subject or object) (e.g., 浮爲風 *fú wéi fēng*, floating [quality of the pulse] is/means wind). Much more rarely, nouns are used as verbs (e.g., 足 *zú*, foot → sufficient; 脈莖 *mài kōu*, the pulse [is] scallion-stalk[-like]). Verbs may act as adverbs (妄行 *wàng xíng*, move frenetic[ally]). A change in word-class is often seen in

subject + predicate phrases, e.g., 目干澀 *mù gān sè*, the eyes [are] dry → dryness of the eyes (or dry eyes); 頭痛 *tóu tòng*, head hurts → headache.

Verb + object and subject + predicate phrases are commonly used in both their active senses as well as in a nominalised senses. Thus, for instance, 風火上炎 *fēng huǒ shàng yán* can be used in its active sense of ‘wind-fire flames upward’, or in a nominal sense of ‘liver fire flaming upward’ or ‘upward flaming of liver fire’. We should note that although the nominalisation process in English can involve a change of word forms or word order, no such change takes place in Chinese.

415. 目干澀 *mù gān sè*, the eyes [are] dry → dryness of the eyes (or dry eyes)

416. 頭痛 *tóu tòng*, head hurts → headache

417. 解表 *jiě biǎo*, resolve the exterior → resolving the exterior (or exterior resolution)

418. 潛陽熄風 *qián yáng xí fēng*, subdue yáng and extinguish wind → subduing yáng and extinguishing wind

Similarly, phrases of this kind can also form a qualifier to another noun. For example, 清熱瀉火 *qīng rè xiè huǒ*, clear heat and drain fire, can also be used as a qualifier, 清熱瀉火之劑 *qīng rè xiè huǒ zhī jì*, heat-clearing fire-draining formula. Here again, the change is performed in Chinese without any change in word order, although in this example a qualifier particle 之 *zhī* is inserted.

Indo-European languages differ from Chinese in that word-class changes typically require marking (English undoubtedly being the language in which this requirement is weakest). Formal marking appears to allow a greater scope for word-class change than in Chinese. Many English words (particularly ones of Latin origin) have many different forms in different word-classes, e.g., *saliva, salivate, salivation, salivatory*. Notably, Chinese has no exact equivalent of the adjectives derived from past participles observed in European languages (e.g., *depressed, dissipated, depleted*). Transitive verbs may be used in a passive sense (as will be explained shortly), but when they are used as stative verbs, it is rather by a direct switch of word-class from transitive to intransitive (rather as the English *sell* as in *sell books* and *books sell*); verbs describing qualities or states in Chinese are essentially active rather than passive.

Syntax: Chinese, classical and modern, follows a subject-verb-object word order. The Chinese subject has no such close relationship with the verb as in European languages; hence it is often referred to as the topic. The topic has three principal features: (1) It can be an item other than the logical subject (which may be unstated): 症見發熱、惡寒 *zhèng jiàn fā rè, wù hán* lit. ‘pathoconditions, see fever [and] aversion to cold’, i.e., as to patho-

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conditions, one sees fever and aversion to cold. (2) The topic can be the logical object of a transitive verb, as in 手不可舉 *shǒu bù kě jǔ*, lit. ‘arm cannot lift’, i.e., one cannot lift one’s arm. (3) The topic may introduce a predicate which itself is a subject + verb phrase: 婦人月經不調 *fù rén yuè jīng bù tiáo*, lit. ‘women, menstruation [is] irregular’, women have irregular menstruation (or more often ‘women with irregular menstruation’); 病人熱盛陰傷 *bìng rén rè shèng yīn shāng* lit. ‘patient, heat [is] exuberant, yīn [is] damaged’, i.e., the patient (who) has exuberant heat and damaged yin.

One major exception to the subject + verb + object is the nominal sentence, which is an equational sentence without a verb. In the nominal sentence, the subject and predicate are sometimes marked by final particles, e.g., 肝者，木臟也 *gān zhě, mù zàng yě*, lit. ‘[the] liver PARTICLE [is the] wood viscus PARTICLE’, the liver is the wood viscus. The nominal sentence was replaced by verbal sentences using the copulatives 爲 *wéi* and later 是 *shì*. Nominal constructions are a matter of general expression more than terminology; I mention them here because they appear in a number of phrases from the classics which arguably have status as terms.

Parataxis: Related to the isolating quality of Chinese is parataxis, that is, the arrangement of clauses and phrases each after the other without coordinating connectives. Examples in English are *love me, love my dog; I came, I saw, I conquered; in for a penny, in for a pound*. Plentiful examples of parataxis are to be found in the language of Chinese medicine.

419. 風寒 *fēng hán*, wind and cold, wind-cold

420. 風濕 *fēng shī*, wind and dampness, wind-damp

421. 多寒少熱 *duō hán shǎo rè*, [aversion to] cold more pronounced than heat [effusion]

422. 益氣解表 *yì qì jiě biǎo*, lit. ‘boost qì, resolve exterior’ boost qì and resolve the exterior

Very often, parataxis also involves greater ellipsis than a missing conjunction:

423. 朝食暮吐 *zhāo shí mù tù*, lit. ‘morning eat, evening vomit’, vomiting in the evening of food eaten in the [previous] morning

424. 飲一溲二 *yǐn yī sōu èr*, lit. ‘drink one, urinate two’, passing twice as much fluid as is drunk

425. 重按無力 *zhòng àn wú lì*, lit. ‘press hard, no strength’, (of the pulse) forceless under heavy pressure

426. 重衣不得溫 *chóng yī bù dé wēn*, lit ‘double clothing, cannot obtain warmth’, inability to get warm despite extra clothing

Monosyllabism giving way to polysyllabism: In Old Chinese, morphemes were almost entirely monosyllabic, and most words were also monomorphemic (Norman 1988: 84). Although compounding was common, the components rarely fused, and were free to be

used independently. Despite its monosyllabic nature, Old Chinese was rich in reduplicates and semi-reduplicates (Norman 1988: 83–85). In Chinese medicine, we see examples such as 逍遙 *xiāo yáo*, ‘free and unfettered’ (as in 逍遙散 *xiāo yáo sǎn*, ‘Free Wanderer Powder’), and intensifiers such as 綿綿 *mián mián*, ‘continuous’, and 漉漉 *lù lù*, ‘gurgling’. Although many reduplicates were descriptive, a few are nouns, e.g., 膀胱 *páng guāng*, bladder, 叮嚀 *dīng níng*, earwax, 蝦蟆 *há má*, toad (as in 蝦蟆瘟 *há má wēn*, toad-head scourge), 癲癩 *diān xián*, epilepsy, and 頤頰 *háng sǎng*, palate.

Changes in the language toward the end of the Hàn period (2nd–3rd century A.D.) are considered to mark the end of the Old Chinese period. In the spoken language, phonological attrition, that is, a reduction in the number of distinct syllables in the language, gave rise to the ever more frequent use of compounding (Norman 1988: 86), a tendency that has continued into the present. As any modern dictionary shows, disyllabic and trisyllabic words now abound. Nonetheless, the number of bound compounds may not have increased greatly (Norman 1988: 154). After the Old Chinese period, the written language continued to take Classical Chinese, the written form of Old Chinese, as its model, but new literary styles evolved that reflected changes in the spoken language, and in particular, the greater use of noun and verb combinations. In the literary Chinese of medicine, the choice between single-character or double-character noun phrases and verb phrases was often conditioned by two- or four-character euphony. Compare 面色紅赤 *miàn sè hóng chì*, red facial complexion and 面赤 *miàn chì*, red face.

Stability: Languages evolve at different rates. Among the languages of Europe, German and Greek, for example, have changed much more slowly than English has in both grammar and lexis. In order to read English texts written a thousand years ago, a speaker of modern English has to learn the grammar and vocabulary of Old English, and does so with no greater ease than learning modern French or German. A modern Chinese, however, has relatively easy access to texts of up to over two thousand years old. To some extent, this ease of access has been facilitated by the partly pictographic and ideographic script, which has allowed words to be represented by the same written character despite sound changes. Furthermore, the turnover in basic vocabulary has not been great by comparison with English. In Chinese, the names of the major internal organs have remained more or less unchanged in 2,000 years, while in English, *milte* has given way to *spleen* (more about this in 8.2, Degree of Source-Orientation Translation in Component Characters).

5.2 FORMATION OF TERMS

A *term* is a word, phrase, or alphanumeric symbol used by the practitioners of a specialised technical subject to designate a concept (Hartmann & James 1998: 138–139). In a slightly wider sense, a term is a word having a precise meaning (see Glossary of Terms).

What elements of LSP are to be considered terms is no easy question. A simple pragmatic answer is to say that it is a word or expression appearing in an LSP dictionary. In Western medicine, terms appear to take the form of nouns, noun phrases, adjectives, and verbs, roughly in that order of frequency. Chinese medical terminology seems also to be characterised by a predominance of noun phrases (as for body parts and disease names), but differs from Western medical terminology in that it includes subject + predicate phrases (1995 *ZD* gives, for instance, e.g., 氣虛則寒 *qì xū zé hán*, when *qì* is vacuous, there is cold) and verb + object phrases (e.g., 清熱瀉火 *qīng rè xiè huǒ*, clear heat and drain fire). In general, I consider the name of any part, organ or substance of the body or aspect of physiological function, the name of any disease-causing agency, the name of any disease, a short phrase describing any symptom or state of the body or therapeutic action to be a medical term. These criteria appear to be similar to those applied in the 1995 *ZD*, which contains nearly 32,000 terms.

Any given language has a limited stock of morphemes available. The task of finding expressions for new concepts—in LGP or LSP—is accomplished by endowing LGP words with desired meaning, combining LGP lexis in new compounds, or by borrowing foreign words, etc.

Picht & Draskau have described six basic methods used by European languages for term-formation in modern LSPs, giving examples from Danish, English, French, German, and Spanish (Picht & Draskau 1985: 106–113). The same methods are recognised (but named differently) by the International Organisation for Standardisation (ISO), which has also proposed categories. Below, Picht & Draskau's categories are listed with those of the ISO in parentheses.

1. Terminologisation (change of meaning)
2. Compounds (combination of words or phrases)
3. Derivation (morphological procedure)
4. Shift of word class – conversion (change of syntactic category)

5. Importation of loan-words (adoption of foreign terms)
6. Abbreviations (formation of an abbreviation)

Both Picht & Draskau's and the ISO's sets of categories are broadly applicable to term-formation in Chinese medicine. Nevertheless, in their present form, they are unsatisfactory, for three reasons.

A first reason why the established scheme of term-formation is unsatisfactory is that the category of *terminologisation* (Picht & Draskau) or *change of meaning* (ISO) appears to require subdivision. Picht & Draskau state that "The semantic change may be of varying degree, in some cases barely perceptible, in others the 'signified' becomes almost completely different." A clear distinction can be made between words used more or less in their LGP sense and those used in a transferred sense. In the discussion on translation of Western medical terms, we saw that the words *pes*, *unguis*, and *ren* were translated into both German and English (as well as Chinese) on the basis of LGP equivalence, whereas *cornea*, *ilium*, and *radius* were borrowed into English and replicated in German by loan-translation. LGP terms used in the LSP are understood by lay and physicians alike. Of course, for the physician, the words are the same as for the layman, but the conceptual content that attaches to the words is more detailed. For the Western physician, *foot* is the generic name of a body part, under which he conceptually subsumes all his knowledge of the foot (its bones, blood vessels, nerves, etc.). Thus, insofar as the concept 'foot' involves relationships and associations, we can say that the word *foot* for the physician has *conceptual connotations* that it does not have for the lay person. In Chinese medicine, words used more or less in their LGP sense constitute a large proportion of basic terminology.

Secondly, the categories can be satisfactorily applied to Chinese as well as to European languages only if they are systematised. The morphemes constituting Chinese medical terminology are largely free in nature; hence neither the distinction between morpheme and word that applies in Indo-European languages nor the distinction made by terminologists between derivation and compounding applies. A categorisation that would be applicable to Chinese as well as Indo-European languages would include the two as subdivisions of a single category, morphological change, to which abbreviations and loans could also be subsumed.

Furthermore, the term compounding (used by Picht & Draskau) reflects the preponderance of noun compounds in modern terminology. Chinese medical terminology also includes many phrases consisting of a subject with a verb, or verb with an object, e.g., 脈滑 *mài huá*, the pulse is slippery; 清熱瀉火 *qīng rè xiè huǒ*, to clear heat and

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drain fire. I have used the term *combining* (and *combination*) to include compounds and collocations.

A generic distinction between semantic, morphological, and grammatical change would appear more logical, although in substance the categories are the same as those recognised in the literature. Nevertheless, borrowing does not strictly fit into the single category of morphological change. Loans fall in the category of morphological change because they bring a new form into the language. Loan-translation introduces a new form (and a new meaning) when it involves multiple words or morphemes (e.g., *Nierenbecken*). Nevertheless, some loan-translations are merely one word. Although Bynon suggests that morphological complexity is a condition for term, this is not borne out in terminological reality since, for example, *Scheide* and *Speiche* are loan-translations each of one word. These do not introduce morphological change, only semantic change. Loan-translation is therefore a hybrid of semantic and sometimes morphological change. Compounding and derivation as well borrowings other than single-base loan-translation involve semantic change as well as morphological. Only abbreviation involves a purely morphological change.

Thirdly, and much less importantly, the concept of ‘abbreviation’, which is a terminological focus in Western languages, is matched in Classical Chinese by a tendency not only toward abbreviation, but also to expansion. Indo-European languages are essentially (or at least typically) polysyllabic. Discounting affixes and inflections, word-roots may be as long as three syllables. A well-motivated term of several syllables or several words tends to invite abbreviation. In Chinese medicine, polysyllabic terms, especially drug names, are often reduced to one representative character. But alongside the tendency to reduce multiple character-words to single character-words, we also witness the opposite trend. The increasing use of multiple-character expressions for concepts previously expressed in one character has given rise to the tendency to expand single-character words into compounds, for the sake of effective verbal communication. Hence, abbreviation should be replaced with the notion of abbreviation/expansion.

The scheme adopted in this chapter for the discussion of term-formation in Chinese medicine is as follows:

1. Semantic Change

(a) Zero referential change/connotative enlargement

(b) Specialisation

(c) Semantic extension (notably including metaphor)

2. Morphological Change

- (a) Borrowing (loan-translations and loans)
- (b) Combination (compounds/collocations)
- (c) Derivation
- (d) Abbreviation/expansion

3. Grammatical Change

5.2.1 SEMANTIC CHANGE

Many technical terms are morphologically indistinct from lexical items of the LGP; e.g., *heart* in medicine and *bridge* in dentistry. Such terms can be divided into three groups: a) those that involve no change in referential meaning (e.g., *heart* in medicine, *leaf* in botany), but that may involve enlargement of connotative meaning, b) words of a general nature that are used in specific senses (e.g., *conversion* in linguistics meaning a change in word-class), and c) words used in extended senses, i.e., used to refer to things other than those they refer to in the LGP (e.g., *bridge* in dentistry as compared with *bridge* in the LGP as a structure spanning a river or gorge).

We should note that semantic change can be analyzed in different ways, but the divisions, especially the more of them there are, are not always clear-cut.

5.2.1.1 Zero Referential Change/Connotative Enlargement

No firm line can be drawn between LGP terms that are used in the LGP sense and those that are used in an extended sense. At the borderline between the two are words employed in their LGP sense that have taken on an enlarged set of conceptual connotations. In medicine, we can say that words such as *head*, *heart*, and *knee*, when becoming part of a technical nomenclature, undergo zero referential change. Nevertheless, especially when such terms denote concepts of central importance in the LSP, they tend to be more precisely defined or to have conceptual connotations for the specialist that they do not have for the ordinary speaker. The word *heart* has many more associations for a physician than for the layman, and the word *leaf* has more associations for the botanist. Many of these conceptual connotations are the understood functions of the referent.

5.2.1.1.1 Nouns

In Chinese medicine, terminologisation of LGP expressions produces the basic terminology. Chinese medicine's scope of observation is confined to gross phenomena,

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ena. Most of the physical phenomena on which its understanding of health and disease rests are also perceived by the layman.

According to data included in Appendix IV, the following 67 terms account for over 16% of Chinese medical terminology.

Note that in the examples below, as in all examples of Chinese medical terminology from here on, the English equivalents given are those of the proposed terminology.

Nouns Used in LGP Sense		
Bowels and Viscera	448. 皮 <i>pí</i> , skin	473. 跟 <i>gēn</i> , heel
	427. 肝 <i>gān</i> , liver	474. 指 <i>zhǐ</i> , finger
	428. 心 <i>xīn</i> , heart	475. 趾 <i>zhǐ</i> , toe
	429. 脾 <i>pí</i> , spleen	476. 爪 <i>zhǎo, zhuǎ</i> , nail
	430. 肺 <i>fèi</i> , lung	
	431. 腎 <i>shèn</i> , kidney	
	432. 膽 <i>dǎn</i> , gallbladder	
	433. 胃 <i>wèi</i> , stomach	
	434. 腸 <i>cháng</i> , intestines	
	435. 膀胱 <i>páng guāng</i> , bladder	
Other body parts	449. 毛 <i>máo</i> , [body] hair	
	450. 膜 <i>mó</i> , membrane	
	451. 髮 <i>fà</i> , hair	
	452. 骨 <i>gǔ</i> , bone	
	453. 腦 <i>nǎo</i> , brain	
	454. 頸 <i>jǐng</i> , neck	
	455. 項 <i>xiàng</i> , nape	
	456. 肩 <i>jiān</i> , shoulder	
	457. 胸 <i>xiōng</i> , chest	
	458. 背 <i>bèi</i> , back	
	459. 腰 <i>yāo</i> , lumbus	
	460. 脅 <i>xié</i> , rib-side	
	461. 腹 <i>fù</i> , abdomen	
	462. 臀 <i>tún</i> , buttocks	
	463. 肛 <i>gāng</i> , anus	
	464. 肢 <i>zhī</i> , limb	
	465. 手 <i>shǒu</i> , hand	
	466. 肘 <i>zhǒu</i> , elbow	
	467. 腕 <i>wàn</i> , wrist	
	468. 足 <i>zú</i> , foot	
	469. 腿 <i>tuǐ</i> , leg	
	470. 膝 <i>xī</i> , knee	
	471. 膕 <i>guó</i> , back of the knee	
	472. 踝 <i>huái</i> , ankle	
Substances		
	477. 髓 <i>suǐ</i> , marrow	
	478. 血 <i>xuè</i> , blood	
	479. 淚 <i>lèi</i> , tears	
	480. 汗 <i>hàn</i> , sweat	
	481. 涎 <i>xián</i> , drool	
	482. 涕 <i>tì</i> , snivel (nasal mucus)	
	483. 唾 <i>tuò</i> , spittle	
	484. 痰 <i>tán</i> , phlegm	
	485. 尿 <i>niào</i> , urine	
	486. 膿 <i>nóng</i> , pus	
Environmental Entities		
	487. 風 <i>fēng</i> , wind	
	488. 寒 <i>hán</i> , cold	
	489. 暑 <i>shǔ</i> , summerheat	
	490. 濕 <i>shī</i> , dampness	
	491. 燥 <i>zào</i> , dryness	
	492. 溫 <i>wēn</i> , warmth	
	493. 毒 <i>dú</i> , toxin	

Given the age of Chinese medicine, it is difficult to assess whether certain basic

adopted in the LGP. For instance, 脅 *xié*, rib-side, and 膕 *guó*, back of the knee, are not LGP terms in the modern Chinese (Chinese students of Chinese medicine learn them as technical terms), but they may have been LGP terms when they first made their appearance in the LSP of Chinese medicine. Many terms that seem to the modern student to be obscure technical terms may in fact be obsolete LGP expressions (e.g., 齟 *qiú*, sniveling, 齶 *zhā*, drinker's nose).

Although the Chinese words contained in the above list are all ordinary everyday words—as indeed in most cases the English equivalents are too—they are none the less LSP terms (or form elements of LSP terms). All have conceptual connotations for the expert that they do not have for the lay. For example, 骨 *gǔ* denotes any of the many hard structures that give the body shape, posture, and make locomotion possible. In Chinese medicine, however, the word has additional connotations that it does not have in the LGP, since the bone is understood to reflect the health of the kidney. Similarly, the environmental entities such 風 *fēng*, 'wind', and 濕 *shī*, 'dampness', are used in Chinese medicine as in everyday speech, but with the additional connotations of a host of symptoms that these entities, as causes of disease, are understood to provoke in the human organism.

The yīn-yáng and five-phase doctrines used for classifying a large range of things and phenomena according to their nature and their mutual relationships also provide a framework for understanding the nature of internal organs, body parts, bodily substances, and other aspects of the body and the relationships that exist between them. Many of the LGP terms listed above fall into this framework (see Table 8, p. 103). In this way, the five-phase associations of these entities become connotations of the terms that represent them. Although the terms in question are used in the LSP of Chinese medicine to denote the same referents as they do in the LGP, they have connotations that reflect their place in the Chinese medical system of concepts.

5.2.1.1.2 Verbs

A wide variety of general verbs, both active and stative, are seen in Chinese medicine. Verbs representing basic human actions abound.

- | | |
|------------------------------|----------------------------|
| 494. 食 <i>shí</i> , eat | 498. 言 <i>yán</i> , speak |
| 495. 飲 <i>yǐn</i> , drink | 499. 睡 <i>shuì</i> , sleep |
| 496. 屈 <i>qū</i> , bend | 500. 夢 <i>mèng</i> , dream |
| 497. 伸 <i>shēn</i> , stretch | 501. 語 <i>yǔ</i> , speak |

Even these everyday words used in their everyday sense have conceptual connotations for the physician: eating and drinking are associated with the spleen and stomach;

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bending and stretching are associated with the liver; sleep, dreaming, and speech are associated with the heart. These words of course also have connotations for Western medical physicians, but many are different (speech, in Western medicine, is not associated with the heart).

- | | |
|--|---|
| 502. 咳 <i>ké</i> , cough | 509. 腹痛 <i>fù tòng</i> , lit. 'abdomen painful', abdominal pain |
| 503. 吐 <i>tù</i> , vomit | |
| 504. 喘 <i>chuǎn</i> , pant (to experience difficulty in breathing) | 510. 胸滿 <i>xiōng mǎn</i> , lit. 'chest full', fullness in the chest |
| 505. 面色黃 <i>miàn sè huáng</i> , yellow facial complexion | 511. 汗多 <i>hàn duō</i> , copious sweat |
| 506. 舌紅 <i>shé hóng</i> , red tongue | 512. 涼血 <i>liáng xuè</i> , cool the blood |
| 507. 舌苔白厚 <i>shé tāi bái hòu</i> , thick white tongue fur | 513. 養陰 <i>yǎng yīn</i> , nourish yīn |
| 508. 口渴 <i>kǒu kě</i> , lit. 'mouth thirsty', thirst | 514. 溫陽 <i>wēn yáng</i> , warm yáng |
| | 515. 祛痰 <i>qū tán</i> , dispel phlegm |

Since colours and flavours are categorised according to the five phases, they have five-phase connotations, at least in some contexts. For instance, 黑 *hēi* means 'black', a colour which, when observed in the complexion, may well indicate disease of the kidney, the internal organ which, like the colour black, is associated with water.

Colours and Flavours

Colours

516. 青 *qīng*, green-blue
 517. 赤 *chì*, red
 518. 黃 *huáng*, yellow
 519. 白 *bái*, white
 520. 黑 *hēi*, black

Flavours

521. 甘 *gān*, sweet
 522. 辛 *xīn*, acrid
 523. 鹹 *xián*, salty
 524. 酸 *suān*, sour
 525. 苦 *kǔ*, bitter

Verbs describing the pulse are used in their LGP sense, but, particularly in later literature, very specific definitions have been applied to them.

Pulse Terms

- | | |
|-------------------------------|----------------------------|
| 526. 遲 <i>chí</i> , slow | 529. 疾 <i>jí</i> , racing |
| 527. 緩 <i>huǎn</i> , moderate | 530. 長 <i>cháng</i> , long |
| 528. 數 <i>shuò</i> , rapid | 531. 短 <i>duǎn</i> , short |

5.2.1.2 Specialisation

Specialisation is the application of a general word to denote or describe a specific concept. A problem that attaches to the concept of specialisation is the difficulty in distinguishing it from the specific use of a general expression. We might say that 表 *biǎo*, ‘surface’, ‘exterior’, for example, is merely a specific use of a general word that can be applied in the description of numerous objects. Nevertheless, in Chinese medicine it denotes not merely the skin, but also the flesh (fat, muscle, etc.) beneath it, and in some contexts it even denotes certain of the internal organs (e.g., the stomach and intestines), presumably on the grounds that these form an internal surface in an apparent conception of the body as a tube along which food passes. Thus the medical definition of 表 *biǎo* contains facets that do not derive from the word in its LGP usage.

532. 漏 *lòu*, lit. ‘leak’, fistula, spotting (mild abnormal discharge of blood via the vagina)

533. 積 *jī*, accumulation, lit. ‘accumulate’, (a certain kind of abdominal mass)

534. 聚 *jù*, gathering, lit. ‘gather’, (a certain kind of abdominal mass)

535. 表 *biǎo*, exterior, lit. ‘surface’, (the exterior of the body, including the skin and flesh)

536. 津 *jīn*, liquid (the thinner bodily fluids)

537. 液 *yè*, humour (thicker bodily fluids)

538. 勞 *láo*, taxation, lit. ‘toil, tax (the body)’, (severe weakness resulting from excessive physical activity or from illness)

539. 淋 *lín*, strangury, lit. ‘drip, dribble’, (inability to achieve a full stream of urine, and involuntary dripping of urine, often associated with pain)

540. 絡 *luò*, network [vessel], lit. ‘network’, ‘stringy pith of tangerines, gourds, and other fruits’; ‘connect’

541. 石 *shí*, stone (urinary calculus)

5.2.1.3 Semantic Extension—Metaphor

Semantic extension is the “widening of semantic scope of a word or phrase to cover more concepts” (Hartmann & James 1998: 54); in other words, it is the use of a word to denote a concept that it hitherto did not denote.

Linguists generally agree that words are used in extended senses as a mechanism that enables the finite resources of human language to be flexibly used to meet the infinite needs of human communication. Nevertheless, the nature of the processes involved in semantic extension have only recently begun to interest scholars. Linguistic discussion about metaphor avoids the terminological use.

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The notion of metaphor, the classic form of semantic extension, has existed since antiquity, but it has largely been considered to be merely a stylistic device of the writer or orator, or the spice of daily conversation. Recently, Lakoff & Johnson (1980: 3–4) (and Lakoff 1987) have argued that metaphor not only pervades the expression of all realms of abstraction, but even facilitates our conceptualisation of abstractions. More recently, Kronenfeld (1996: 5–6) has proposed a threefold division in semantic extension between *denotative*, *connotative*, and *metaphorical* extension. His notion of connotative extension notably explains semantic extension in contiguous domains as distinct from metaphorical extension in distant domains. Terminologists recognise metaphor as being one method of term-formation, but have not investigated it in detail, presumably because their interest in the origins of terms is secondary to their interest in the relationship between term and concept.

Lakoff and Johnson's notion that metaphor is not only a linguistic but also a conceptualising device is based on the recognition that metaphorical expressions in particular domains cluster around certain central themes. For instance, metaphors describing anger (e.g., *flip one's lid*, *hot under the collar*) consistently reflect such associations as pressure and heat, which he considers to be experientially related to the notion of anger.

Metaphor is a matter of great importance in the historian's approach to understanding any intellectual product of civilisation. Paul U. Unschuld states that the development of medical ideas can only be fully understood when the vocabulary of Chinese medicine is viewed against the economic, social, political, and philosophical background of its time. The choice of metaphor for a particular concept is not necessarily fortuitous; it can reflect the origin of the concept itself. As already stated in Chapter 4 (Outline of Chinese Medicine), early descriptions of the system of qì flow appear to reflect an extralinguistic origin of this notion in the absence of any detailed evidence of its existence. Unschuld argues, for example, that the extralinguistic realities of China supplied sufficient grounds for the acceptance of the notions of the channel system and qì flow as truth.

Unschuld therefore would agree with Lakoff & Johnson that metaphor is not necessarily to be looked upon as a linguistic device. I shall assume this view to be valid and in the following discussion will present some linguistic evidence for the cognitive significance of expressions that we might otherwise loosely class as metaphorical.

In Chinese medicine, we find a number of terms that are difficult to categorise as being used in a literal or extended sense. I discuss these first under Extension Status (5) because they present the widest gamut of possibilities in the so-called realm of metaphor. I then go on to examine types of metaphor, their targets and sources, paying particular

attention to the relationship between them. I shall then examine the function of metaphor in terms of naming and description, and formal and functional attributes.

5.2.1.3.1 Extension status

In any terminology, words that are not used in their primary sense are used in some extended sense. In the terminology of Chinese medicine, most extended senses are metaphorical (e.g., 血海 *xuè hǎi*, sea of blood). Nevertheless, there are certain difficulties in determining whether words are used in an extended sense or not.

Metaphor is the act of naming or describing a thing in one semantic domain in terms of a similar thing in another semantic domain. When anatomists first called a part of our hearing apparatus *cochlea*, they were, in one sense, at least as far as they and physicians of later generations who understood Latin were concerned, perpetrating a lie. They gave the cochlea its name because its shape resembles that of a snail's shell. The falsehood lies in that although it is called a snail's shell it is not understood to actually be a snail's shell. Similarly, the term *harelip*, a name for a congenital cleft of the lip (now regarded as somewhat offensive), is similarly a deliberate falsehood. This condition is known in Chinese as 兔唇 *tù chún*, which parallels the English term exactly, or else as 兔缺 *tù quē*, 'hare cleft'. Although one would imagine these Chinese terms to be metaphors, they may in fact not have been originally. According to the *Zhūbìng Yuánhòulùn* (諸病源候論 "The Origins and Indicators of Diseases") by Cháo Yuán-Fāng 巢元方 which appeared in 610 A.D., states, "When a person is born with a lip cleft like a hare's, then this called *hare cleft*. The people say this arises when a woman sees a hare and eats hare's flesh during pregnancy." It is interesting to note that although the author offers no alternative aetiology, he distances himself from this superstition. Nevertheless, insofar as those who used the term believed in the magical aetiology, it would be wrong to classify the term as a linguistic metaphor. Amongst such people a harelip would literally be a hare's lip (at least a special case of one). In naming one thing by another, metaphor rests on awareness of the difference of identity between the object it names or describes and the object that provides the naming or describing image. What complicates matters here is that identity and nonidentity are not universal, objective categories. To members of cultures in which magical beliefs prevail, physical similarity may more easily suggest identity than to members of, say, our own culture. According to the source quoted, seeing a hare or eating its flesh was evidently considered a cause for the appearance of the harelip, in other words, the hare's lip was believed to have been duplicated on the human face.

Another example similar to that of harelip is 狐疝 *hú shàn*, foxy mounting. While this term, which denotes what in Western medicine is called inguinal hernia, is often

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explained by reference to the fact that the intestine slips down into the scrotum and back again like a fox slipping stealthily in and out of its lair. We know that earlier in Chinese medicine the same condition, known by the earlier name of 癰 *tuí*, was attributed to the fox demon (Harper 1998: 72).

It is certainly not the goal of this discussion to attempt to unveil magical origins of Chinese medical terms and demonstrate that metaphor as we understand it does not exist in the terminology of Chinese medicine. It is rather to point out that the concept of metaphor rests on the notion of the source domain of term being entirely separate from the target domain, and that this rests on a certain world view. As I explained in Chapter 4 (Outline of Chinese Medicine), Chinese medicine has developed different approaches to understanding health and sickness. What we might regard as metaphor may, in some sense, have greater cognitive significance than a mere linguistic device for naming and describing things.

There are several instances in Chinese medical terminology where the distinction between literal use and metaphorical use is not clear cut. ‘Wind’, ‘cold’, ‘summerheat’, and ‘dampness’, for instance, refer to environmental phenomena understood to be capable of causing disease. At first sight, it would appear that these words are meant in a literal rather than a metaphorical sense. Nevertheless, when we consider that according to traditional Chinese medical statements these entities cause disease by entering the body, lodging in certain places, and even in some cases, undergoing some transformation, we might suspect that they are merely metaphors. The most remarkable example is wind. Our understanding of modern medicine allows us to accept that exposure to wind can affect the body by causing a reduction in body temperature, but our understanding of the causal chain is different from the traditional Chinese understanding, since it does not concede that wind can penetrate the skin or arise spontaneously in the body. We might be tempted to understand the use of the word *wind* to denote a disease-causing entity that is capable of entering and lodging in the body or arising spontaneously within it as a metaphorical usage of the term. Nevertheless, this is unsatisfactory for two reasons. Firstly, a direct causal relationship is perceived between wind as a meteorological phenomenon and disease-causing agent located in the body. Secondly, the notion of endogenous wind developed gradually, and was never severed completely from that of exogenous wind, since diseases that eventually came to be attributed principally to endogenous wind (such as ‘wind stroke’, which includes ‘stroke’ or ‘cerebrovascular accident’), were still considered partially attributable, and generally susceptible to exacerbation by external wind (Zhāng B-Y 1989: 459). This suggests that certain phenomena occurring in the body were not merely

described as ‘wind’ by a linguistic metaphor, but were perceived as actually being ‘wind’ because they were understood to share the *essential* qualitative and functional characteristics of wind in the environment. Although our scientifically based view would not allow us to make such an identification, the Chinese world view appears to allow it. If we do not distinguish between linguistic metaphor and cognitive analogy, we cannot describe cognitive bases of knowledge that differ from our own.

The term 氣 *qì*, which according to my calculations is the most frequently used word in the terminology of Chinese medicine, is a highly polysemous term. The original form of the character was 氣, which denoted mist or vapor. The complex form 氣 (although in the simplified script of the PRC this has been reduced to 气) contains the rice signifier 米, suggesting steam rising from rice. This form of the character came to take on a whole variety of meanings, among them steam, weather (a condition of the atmosphere), breath, air or gas, various agencies understood to power physiological activity, bodily strength, odors, anger. If we wished to categorise these extensions we might be tempted to draw a distinction between gaseous or atmospheric things on the one hand, and certain dynamic phenomena on the other. Unhappily, traditional medical texts effectively offer no explanation of *qì* beyond the phenomena in which it manifested. Consequently, there are no grounds to believe that *qì* is or is not a metaphor. We might wish, as in the case of ‘wind’, to assume that the *qì* of the body is thought to be the same as gaseous substances on the basis of certain features; however, the problem is that the word *qì* is used in so many different senses that it is difficult to see how the meaning has been extended. It is for this reason that Unschuld renders the term as ‘(finest matter) influences’.

As stated in Chapter 4 (Outline of Chinese Medicine), in the doctrines of yīn-yáng and the five phases, which appear to have had magical origins, things or phenomena sharing like qualities and like relationships with other things or phenomena are understood to be ontologically related. Medical ‘metaphors’ that have their origins in these systems of correspondence are not necessarily to be regarded as metaphors in any purely linguistic sense. Ultimately it may be impossible to separate the cognitive function of analogy and linguistic function of metaphor.

In Chapter 4, I stated the view that social and political analogies appear to have contributed to the understanding of the body. The ‘metaphors’ that reflect this, as I shall show, are of a nature and distribution that suggest that they are not merely linguistic devices.

In the following sections I shall continue to use the word *metaphor*, although it

should be borne in mind it may in some cases refer to cognitive analogy or cognitive identification rather than mere linguistic metaphor.

5.2.1.3.2 Types of metaphor

For the purposes of this study, I adopt the generally accepted view that metaphor in its widest sense includes not only true metaphor, but also simile and metonymy. I also include epithets in the category of metaphor.

True metaphor is the most common, and most of the examples given so far belong to this category.

Metonymy is the use of a part to represent the whole, or use of the name of one object to refer to a whole class to which the object belongs. In Chinese medicine, the use of 穀 *gǔ*, grain, to mean food in general and 水 *shuǐ*, water, to mean fluids or beverages in general is metonymical.

542. 目 *mù*, eye (vision), as in 目花 *mù huā*, flowery vision

543. 水 *shuǐ*, water (fluids), as in 飲水作呃 *yǐn shuǐ zuò è*, hiccup after drinking water, and 水穀 *shuǐ gǔ*, grain and water (food)

The use of the term 脈 *mài*, vessel, to denote the movement in the vessels, i.e., the pulse, may also be regarded as a metonymical usage. The terms *yīn* and *yáng*, originally referring to the shady and dark sides of a mountain, were used in the *yīn-yáng* doctrine to refer metonymically to all or any objects classified in the system. Similarly, the five phases, 木 *mù*, wood, 火 *huǒ*, fire, 土 *tǔ*, earth, 金 *jīn*, metal, and 水 *shuǐ*, water, may likewise be considered metonymical usages.

Simile is a device whereby one thing is described as being *like* another. Simile differs from metaphor in that the act of comparison is explicit, and hence more tentative. It is for this reason that Newmark calls simile “a more cautious form of metaphor” (Newmark 1995: 84). Chinese medical writers have commonly used simile to describe various phenomena.

544. 下焦如瀆 *xià jiāo rú dú*, lower burner is like a sluice

545. 白如枯骨 *bái rú kū gǔ*, white as dry bones

A metaphorical *epithet* is a word or phrase describing the abstract characteristics of an entity (e.g., its functions) by equating the entity to another belonging to a different domain and known to possess similar characteristics. In the first of the examples listed below, the blood is described as the ‘mother of *qì*’. When we are aware of the metaphor, we realise that this phrase is not a genealogical account of the relationship between *qì*

and the blood. The point is rather that blood nurtures qì in the way that a mother nurtures her child. Metaphorical epithets are a specific form of *descriptive metaphor*, which is discussed under 5, Functions of Metaphor.

546. 氣爲血之帥 *qì wéi xuè zhī shuài*, qì is the commander of the blood

547. 將軍之官 *jiāng jūn zhī guān*, (holder of the) office of general (the liver)

5.2.1.3.3 The targets of metaphor

The target of a metaphor is the concept which it is used to name or describe. Metaphor plays an important role in the terminology of all aspects of Chinese medicine. The list below gives examples from a variety of distinct domains.

Metaphor is used to express LSP-specific concepts for which the LGP has no words. In Western medicine, for example, metaphor has been extensively used in the naming of anatomical detail. Chinese medicine possesses a number of metaphorical LSP terms denoting body parts (e.g., *wild duck bone*, *peg bone*, etc.), but it has been traditionally less concerned with anatomical structures than with functions. Quite expectedly, though, metaphor is used to name such functional entities (e.g., *ancestral qì*, *sovereign fire*, *sea of marrow*). Metaphor is also used greatly in the naming and description of symptoms, diseases, etiologies, and treatment.

Metaphor Classed by Target

Body parts

548. 鳧骨 *fú gǔ*, wild duck bones (the arch of the rib-cage formed by the 7th–10th ribs)

549. 產門 *chǎn mén*, birth gate (the vaginal orifice or cervix uteri)

550. 喉關 *hóu guān*, throat pass (the isthmus faucium)

551. 玉門 *yù mén*, jade gates (the vaginal meatus)

552. 龜頭 *guī tóu*, lit. ‘tortoise’s head’, glans penis

553. 五輪 *wǔ lún*, five wheels (eyelids, canthi, white of the eye, iris, pupil)

556. 營氣 *yíng qì*, construction qì

557. 宗氣 *zōng qì*, ancestral qì

558. 君火 *jūn huǒ*, sovereign fire

559. 命門之火 *mìng mén zhī huǒ*, life gate fire

560. 龍雷之火 *lóng léi zhī huǒ*, dragon and thunder fire, i.e., the life gate fire

561. 后天之本 *hòu tiān zhī běn*, root of later heaven (acquired constitution)

562. 精室 *jīng shì*, essence chamber

563. 髓海 *suí hǎi*, sea of marrow

564. 玉海 *yù hǎi*, sea of jade, i.e., the bladder

565. 氣街 *qì jiē*, qì street

566. 正邪 *zhèng xié*, right and evil

Physiological entities

554. 三焦 *sān jiāo*, triple burner

Channels and network vessels

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568. 任脈 *rèn mài*, controlling vessel

569. 穴 *xué*, acupuncture point, lit. ‘hole’,
‘cave’

570. 五輸 *wǔ shū*, five transport points

571. 井穴 *jǐng xué*, well point

572. 榮穴 *yíng xué*, brook point

573. 曲澤 *qū zé*, PC-3, Marsh at the Bend

574. 郄門 *xī mén*, PC-4, Cleft Gate

575. 間使 *jiān shǐ*, PC-5, Intermediary Courier

Physiological functions and relationships

576. 肺爲水之上源 *fèi wéi shuǐ zhī shàng yuán*, lung is the upper source of water

577. 肝... 其華在爪 *gān... qí huá zài zhǎo*,
liver... its bloom is in the nails

578. 肝... 其充在筋 *gān... qí chōng zài jīn*,
liver... its fullness is in the sinews

579. 腎... 其充在骨 *shèn... qí chōng zài gǔ*,
kidney... its fullness is in the bone

Aetiology

580. 濕遏熱伏 *shī è rè fú*, dampness trapping
hidden (deep-lying) heat

581. 痰濁蒙蔽心包 *tán zhuó méng bì xīn bāo*, phlegm turbidity clouding the peri-
cardium

582. 痰火上擾 *tán huǒ shàng rǎo*, phlegm-
fire harassing the upper body

583. 暑濕鬱蒸 *shǔ shī yù zhēng*, depressed
steaming summerheat-damp

Symptoms

584. 納呆 *nà dāi*, torpid intake

585. 腐苔 *fǔ tāi*, bean curd tongue fur

586. 鴨溇 *yā táng*, duck’s slop

587. 脈芤 *mài kōu*, scallion-stalk pulse

588. 脈洪 *mài hóng*, surging pulse

590. 盜汗 *dào hàn*, lit. ‘thief’ sweating’, night
sweating

591. 經來如魚腦髓 *jīng lái rú yú nǎo suǐ*,
menstrual flow like fish brain-marrow

592. 痛如刀刺 *tòng rú dāo cì*, pain like the
stabbing of a knife

Disease

593. 陽萎 *yáng wěi*, impotence, lit. ‘yáng
wilt’,

594. 怔忡 *zhēng chōng*, fearful throbbing

595. 鼓脹 *gǔ zhàng*, drum distention

596. 白虎歷節 *bái hǔ lì jié*, white tiger joint
running

597. 圓癬 *yuán xiǎn*, coin lichen

598. 松皮癬 *sōng pí xiǎn*, pine bark lichen

599. 膏淋 *gāo lín*, unctuous strangury

600. 梅核氣 *méi hé qì*, plum-pit qi

601. 妬乳 *dù rǔ*, begrudging milk

602. 翻花痔 *fān huā zhì*, everted flower hem-
orrhoids

603. 目飛血 *mù fēi xuè*, blood flying to the eye

604. 聚星障 *jù xīng zhàng*, clustered stars ob-
struction

605. 纏腰火丹 *chán yāo huǒ dān*, fire-girdle
cinnabar

606. 目生粟瘡 *mù shēng sù chuāng*, millet
sore of the eye

607. 星翳 *xīng yì*, starry screen

608. 雀目 *què mù*, sparrow’s vision

609. 惡露不斷 *è lù bú duàn*, persistent flow
of lochia

Treatment

610. 攻下 *gōng xià*, offensive precipitation

612. 搜風逐寒 *sōu fēng zhú hán*, track down wind and expel cold free the stool by increasing fluid (to free urine by diffusing the lung)
613. 釜底抽薪 *fǔ dǐ chōu xīn*, rake firewood from beneath the cauldron 615. 君臣佐使 *jūn chén zuǒ shǐ*, sovereign, minister, assistant, and courier
614. 增水行舟 *zēng shuǐ xíng zhōu*, increase water to move the [grounded] ship, i.e., to 616. 五虎追風散 *wǔ hǔ zhuī fēng sǎn*, Five-Tigers-Chasing-the-Wind Powder

5.2.1.3.4 The sources of metaphor

In Western medicine, metaphors come mostly from nature and man-made artifacts and structures (3.1.7). In Chinese medicine, we also find natural, architectural, and artifactual metaphor. Nevertheless, military and political metaphor is far more abundant than in Western medicine. The strong use of transportation, military, and political metaphor has already been pointed out (Unschuld 1994b).

Interestingly, we find certain patterns in the distribution of metaphor sources in the targets. For example, in the naming of body parts, natural and architectural metaphor is the most commonly used; in the naming of physiological entities, we find natural and architectural metaphor, but we also find a considerable amount of metaphor taken from social, political, and moral life, e.g., 衛氣 *wèi qì*, defence qì, 君火 *jūn huǒ*, sovereign fire, 邪氣 *xié qì*, evil qì. The channels and network vessels are a major category of physiological entities. Here we see both political metaphor (督脈 *dū mài*, governing vessel; 任脈 *rèn mài*, controlling vessel) and transportation metaphor (衝脈 *chōng mài*, thoroughfare vessel; 五輸穴 *wǔ shū xué*, transportation point), as well as general waterway metaphor (滎穴 *yíng xué*, brook point; 天池 *tiān chí*, PC-1, Celestial Pool). Physiological functions and relationships are described in natural metaphor (腎爲氣之根 *shèn wéi qì zhī gēn*, kidney is the root of qì; 肝... 其華在爪 *gān qí huá zài zhuǎ*, the liver... its bloom is in the nails). The metaphor of both aetiology and treatment is drawn largely from the natural and human domain, while that of symptoms and disease tends to be natural.

Metaphor Classed by Source

- Nature
617. 天 *tiān*, heaven 621. 母 *mǔ*, mother, the designation of a phase that engenders another
618. 地 *dì*, earth 622. 子 *zǐ*, child, the designation of a phase that is engendered by another
619. 寸 *cùn*, thumb, inch (pulse position) 623. 井 *jǐng*, well, an acupuncture point designation
620. 關 *guān*, mountain pass, bar (pulse position) 624. 室 *shì*, hole, cave, an acupuncture point

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625. 崩 *bēng*, landslide, collapse, heavy bleeding from the vagina unassociated with menstruation (flooding)
626. 山 *shān*, mountain
627. 澤 *zé*, marsh, as in 曲澤 *qū zé*, PC-3, Marsh at the Bend
628. 泉 *quán*, spring, as in 天泉 *tiān quán*, PC-2, Celestial Spring
629. 砂 *shā*, sand, as in 砂淋 *shā lín*, sand strangury
630. 玉 *yù*, jade, as in 玉門 *yù mén*, jade gates (the vaginal meatus)
631. 冰 *bīng*, ice, as in 冰瑕障 *bīng xiá zhàng*, ice-jade obstruction
632. 苔 *tái*, moss, lichen; *tāi* fur or coating of the tongue
633. 根 *gēn*, root, e.g., the kidney is the *root* of *qì*
634. 松 *sōng*, pine, as in 松皮癬 *sōng pí xiǎn*, pine bark lichen
635. 椒 *jiāo*, peppercorn, as in 目生椒瘡 *mù shēng jiāo chuāng*, peppercorn sore of the eye
636. 虎 *hǔ*, tiger, as in 虎鬚毒 *hǔ xū dú*, tiger's whiskers toxin [sore]
637. 牛 *niú*, ox, as in 牛皮癬 *niú pí xiǎn*, ox-hide lichen
638. 魚 *yú*, fish (the fleshy base of the thumb, so named because it resembles a fish's belly)
639. 兔 *tù*, hare, rabbit, as in 兔唇 *tù chún*, harelip
640. 雞 *jī*, chicken, as in 雞胸 *jī xiōng*, lit. 'chicken's chest', cf. Latin *pectus gallinatum* pigeon chest
641. 狐 *hú*, fox, as in 狐疝 *hú shàn*, foxy mounting
642. 鳧 *fú*, wild duck as in 鳧骨 *fú gǔ*, wild duck bones (the arch of the rib-cage formed by the 7th–10th ribs)
643. 蟹 *xiè*, crab, as in 蟹睛 *xiè jīng*, crab's eye
644. 水雞 *shuǐ jī*, frog, as in 喉中有水雞聲 *hóu zhōng yǒu shuǐ jī shēng*, frog rale in the throat
645. 蝦蟆 *há má*, toad as in 蝦蟆瘟 *há má wēn*, toad-head scourge, 經如蝦蟆子 *jīng rú há má zǐ*, menses like toad's eggs

Mythology

646. 龍 *lóng*, dragon 串腰龍 *chuàn yāo lóng*, girdling dragon
647. 鳳 *fèng*, phoenix, as in 赤鳳迎源 *chì fèng yíng yuán*, red phoenix heading for the source

Political Life

648. 君臣佐使 *jūn chén zuǒ shǐ*, sovereign, minister, assistant, and courier, designations of roles played by drugs in a formula
649. 官 *guān*, official, office, an epithet of organs
650. 主 *zhǔ*, govern, e.g., the liver *governs* the sinews
651. 督 *dū*, governor, the *governing* vessel
652. 任 *rèn*, control, the *controlling* vessel

The Military

653. 帥 *shuài*, commander, as in 氣爲血之帥 *qì wéi xuè zhī shuài*, *qì* is the commander of the blood
654. 營 *yíng*, encampment, construction, the constructive aspect of bodily function
655. 衛 *wèi*, defence (the resistance to external

656. 攻 *gōng*, attack (take harsh action to eliminate evils)
657. 伐 *fā*, quell, as in 伐肝 *fā gān*, quell the liver
658. 犯 *fàn*, invade (to affect part of the body), as in 肝氣犯胃 *gān qì fàn wèi*, liver qi invading the stomach
- Morality**
659. 正 *zhèng*, right (qi) (health-maintaining function)
660. 邪 *xié*, evil (that which threatens health)
661. 惡 *è*, malign, as in 惡瘡 *è chuāng*, malignant sore
- Transportation**
662. 衝 *chōng*, thoroughfare (one of the eight vessels)
663. 街 *jiē*, street, as in 氣街 *qì jiē*, qi street
664. 輸 *shū*, transport (a designation for an acupuncture point)
- Architecture**
665. 門 *mén*, gate, as in 產門 *chǎn mén*, birth gate (the vaginal orifice or cervix uteri)
666. 廓 *kuò*, rampart, as in 八廓 *bā kuò*, eight ramparts (eight divisions of the eye)
667. 柱 *zhù*, pillar, as in 鼻柱 *bí zhù*, nose pillar
668. 戶 *hù*, door, 陰戶 *yīn hù*, yīn door (the vaginal meatus)
669. 房 *fáng*, (bed)room, sexual intercourse
670. 庭 *tíng*, court, an epithet for various parts of the body
671. 府 *fǔ*, mansion, (a class of organs including the gallbladder, small intestine, large intestine, bladder, stomach, and triple burner, now written as 腑)
- Miscellaneous**
672. 勞 *láo*, toil, strain (disease caused by undue strain)
673. 鼓 *gǔ*, drum (pronounced abdominal distention, i.e., ascites)

5.2.1.3.5 The functions of metaphor

Language has the functions of *naming* and *describing*, and it is inherent in the flexibility of language that both these functions should be able to be performed by metaphor. In Chinese medical terminology, nouns and verbs (stative and active) are used metaphorically. Nouns are used metaphorically to name body parts and pathological phenomena:

674. 苔 *tāi*, fur (of tongue) (lit. moss)
675. 藏 *zàng*, storehouse, a class of internal organ
676. 府 *fǔ*, mansion, a class of internal organ
677. 焦 *jiāo*, burner (a functional unit)
678. 癬 *xiǎn*, lichen (a skin disease)

Verbs are used metaphorically to describe pathological states and processes:

679. 脈浮 *mài fú*, the pulse [is] floating
680. 脈沉 *mài chén*, the pulse [is] sunken
681. 納呆 *nà dāi* [stomach] intake [is] torpid
682. 氣滯 *qì zhì*, qi stagnates (qi [is] stagnant)
683. 寒邪客於肺 *hán xié kè yú fèi*, cold evil settling in the lung

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- | | |
|--|---|
| 684. 痰迷心竅 <i>tán mí xīn qiào</i> , phlegm con-
founding the orifices of the heart | 686. 子盜母氣 <i>zǐ dào mǔ qì</i> , child stealing the
mother's qì |
| 685. 水氣凌心 <i>shuǐ qì líng xīn</i> , water qì intim-
idating the heart | 687. 搜風逐寒 <i>sōu fēng zhú hán</i> , track down
wind and expel cold |

In the preceding two sets of examples, the metaphor resides in a single character-word. In the case of verbs, the examples given above are collocations since metaphorically used verbs are used in limited collocations, which usually have greater terminological status than individual verbs. (In a dictionary, one will find the single-word noun metaphors as entries, but the verb metaphors are likely to be found only in their collocations).

Naming and description should not be equated with noun and verb, respectively, since verbs are used in denominative expressions and nouns are used in descriptive expressions. Metaphorically used nouns and verbs may be used in these 'odd' ways too. In compound names, which in Chinese most often comprise a head (noun) preceded by a qualifier (noun or verb), the metaphor may reside in the head, in the qualifier (or part of it), or in both. In 喉關 *hóu guān*, throat pass, i.e., the isthmus faucium, the metaphor resides in the head noun, while in 衛氣 *wèi qì*, defence qì, it resides in the qualifier. In 飛門 *fēi mén*, flying gates, a descriptive epithet for the lips, both head and qualifier are metaphors. Insofar as the metaphor resides in a verbal qualifier (as in the preceding two examples), we may speak of a descriptive metaphor within a noun phrase. In Chinese, we should remember, qualifiers are often nouns rather than verbs, and in such cases the qualifier may be subordinative as in 舌苔 *shé tāi*, tongue fur (fur of the tongue), or descriptive, as in the following examples:

Names Containing Noun Metaphor Qualifiers

- | | |
|---|--|
| 688. 君火 <i>jūn huǒ</i> , sovereign fire | 695. 蝦游脈 <i>xiā yóu mài</i> , darting shrimp pulse |
| 689. 命門 <i>mìng mén</i> , life gate | 696. 釜沸脈 <i>fǔ fèi mài</i> , seething cauldron
pulse |
| 690. 宗氣 <i>zōng qì</i> , ancestral qì | 697. 龍泉疔 <i>lóng quán dīng</i> , dragon spring
clove-sore |
| 691. 梅核氣 <i>méi hé qì</i> , plum-pit qì | 698. 垂簾翳 <i>chuí lián yì</i> , falling curtain screen |
| 692. 翻花痔 <i>fān huā zhì</i> , everted flower hem-
orrhoids | 699. 蟹睛 <i>xiè jīng</i> , crab's eye |
| 693. 葡萄痔 <i>pú táo zhì</i> , grape hemorrhoids | |
| 694. 屋漏脈 <i>wū lòu mài</i> , leaking roof pulse | |

Descriptive metaphor classically takes the form of a verb (stative or active), e.g., 納呆 *nà dāi* [stomach] intake [is] torpid; 脈沉 *mài chén* the pulse [is] sunken; 捫風逐

寒 *sōu fēng zhú hán*, track down wind [and] expel cold. Nevertheless, as explained in the preceding section, noun + verb expressions such as these, whether they contain metaphor or not, may also serve as noun phrases, since they may occupy in sentences the positions of subject or object, which are positions typically occupied by nouns. This is reflected in the fact that they are most easily rendered in translation (e.g., *torpid intake* and *sunken pulse*). Nevertheless, even as noun phrases, the metaphorical element is still descriptive, since the metaphor is in the qualifier, not in the head.

Descriptive metaphor is found in symptomatological, etiological and therapeutic terminology. In the etiological field, the extension status is sometimes problematic. If we assume words denoting environmental entities not to be metaphorical in themselves, any description of the processes they are involved in that hail from the corresponding environmental domain should not be considered as metaphorical either. In this case, terms such as 心火上炎 *xīn huǒ shàng yán*, heart fire flaming upward, 濕熱下注 *shī rè xià zhù*, damp-heat pouring downward, 脾胃濕熱薰蒸肝膽 *pí wèi shī rè xūn zhēng gān dǎn*, spleen-stomach damp-heat sweltering the liver and gallbladder, and 寒凝肝脈 *hán níng gān mài*, cold congealing in the liver vessel can be understood literally. Nevertheless, when descriptions hail not from the source domain of the agent, but from some other realm, we may speak of linguistic metaphor with greater certainty. In 風寒襲喉 *fēng hán xí hóu*, wind-cold assailing the throat, 襲 *xí*, assail, is a military metaphor; it does not belong to the domain of wind and cold. More examples of this are given below:

700. 痰迷心竅 *tán mí xīn qiào*, phlegm confounding the orifices of the heart

701. 水氣凌心 *shuǐ qì líng xīn*, water qì intimidating the heart

702. 風熱犯肺 *fēng rè fàn fèi*, wind-heat invading the lung

703. 溫邪侵襲肺衛 *wēn xié qīn xí fèi wèi*, warm evil assailing the lung and defence

704. 水寒射肺 *shuǐ hán shè fèi*, water-cold shooting into the lung

705. 痰濁蒙蔽心包 *tán zhuó méng bì xīn bāo*, phlegm turbidity clouding the pericardium

706. 增水行舟 *zēng shuǐ xíng zhōu*, increase water to move the [grounded] ship

707. 提壺揭蓋 *tí hú jiē gài*, lift the pot and remove the lid

In a few cases, a quality or action is evoked by a noun, e.g., 脈弦 *mài xián*, ‘the pulse [is] string’. In English nouns do not normally function as adjectives or verbs, and attempts to describe a state or function with a noun usually involve turning a metaphor into a simile (*stringlike*).

Similes and epithets making use of metaphors that reside in nouns are inherently descriptive. In 腹大脹如鼓 *fù dà zhàng rú gǔ*, abdomen as large as a drum, the metaphor

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is in the noun ‘drum’, but the phrase as a whole is descriptive. In 血爲氣之母 *xuè wéi qì zhī mǔ*, blood is the mother of qì, the metaphor is in the noun ‘mother’, but the phrase describes the relationship of the blood to qì.

Metaphor in Description

Metaphor Proper

- 708. 納呆 *nà dāi*, intake [is] torpid → torpid intake
- 709. 眼花 *yǎn huā*, eyes [are] flowery → flowery vision
- 710. 脈浮 *mài fú*, pulse [is] floating → floating pulse
- 711. 苔腐 *tāi fǔ*, fur [is] beancurd → bean curd tongue fur
- 712. 痰迷心竅 *tán mí xīn qiào*, phlegm confounding the orifices of the heart
- 713. 水氣凌心 *shuǐ qì líng xīn*, water qì intimidating the heart
- 714. 心火上炎 *xīn huǒ shàng yán*, heart fire flaming upward
- 715. 木火刑金 *mù huǒ xíng jīn*, wood fire tormenting metal
- 716. 寒邪客肺 *hán xié kè fèi*, cold evil settling in the lung
- 717. 散寒 *sàn hán*, dissipate cold
- 718. 破血 *pò xuè*, break blood
- 719. 釜底抽薪 *fǔ dǐ chōu xīn*, raking the firewood from beneath the cauldron
- 720. 搜風逐寒 *sōu fēng zhú hán*, track down wind and expel cold

Simile

- 721. 白如枯骨 *bái rú kū gǔ*, white as dry bones
- 722. 腹大脹如鼓 *fù dà zhàng rú gǔ*, abdomen as large as a drum
- 723. 中焦如漚 *zhōng jiāo rú ōu*, centre burner is like foam
- 724. 經來如腐肉 *jīng lái rú fǔ ròu*, menstrual flow like rotten meat
- 725. 髮結如穗 *fà jié rú suì*, hair knotted in awns
- 726. 經如蝦蟆子 *jīng rú há má zǐ*, menses like toad’s eggs
- 727. 大便如鴨溇 *dà biàn rú yā táng*, stool like duck’s slop
- 728. 青如草茲 *qīng rú cǎo zī*, green-blue as the colour of new shoots of grass
- 729. 頭重如裹 *tóu zhòng rú guǒ*, head heavy as if swathed
- 730. 汗出如油 *hàn chū rú yóu*, putting forth oily sweat

Epithets

- 731. 血爲氣之母 *xuè wéi qì zhī mǔ*, blood is the mother of qì
- 732. 風木之臟 *fēng mù zhī zàng*, viscus of wind and wood
- 733. 倉廩之官 *cāng lǐn zhī guān*, (holder of the) office of the granaries (the spleen and stomach)

734. 肺爲水之上源 *fèi wéi shuǐ zhī shàng yuán*, lung is the upper source of water

735. 腎爲氣之本 *shèn wéi qì zhī běn*, kidney is the root of qì

736. 玉海 *yù hǎi*, sea of jade (the bladder)

737. 飛門 *fēi mén*, flying gates (the lips)

In many if not most metaphorical usages, a major problem lies in understanding the sense of the metaphor, that is, what qualities of the image apply to the object being described. The problem of interpretation attaches to nonmetaphorical description, but with metaphoric description, it is often much more acute. In modern LSPs, metaphorical terms are generally clarified by explicit definition. In Chinese medicine, by contrast, explicit definition is often lacking (see ahead to 5.3, Terminological Rigour). The term 納呆 *nà dāi*, torpid intake, for instance, alludes to the ‘intake’ function of the stomach, and describes a pathological state of this function in terms of a psychic state (呆 *dāi*, mentally dull, torpid). Modern dictionaries describe this symptom in terms of lack of appetite and indigestion, evidently on the grounds that the stomach is responsible for preliminary digestion (‘ripening and rotting’ as it is described) and controlling appetite. In the past, when explicit definitions were not common in medical literature, the reader largely had to rely on meaning suggested by terms themselves and their context. In such cases, the metaphor essentially defines the concept.

5.2.1.3.6 Types of attribute

When we name or describe an object using a word or phrase from a different source domain, we are naturally only using it for specific attributes that apply to the target domain. For instance, a part of the inner ear was named the *cochlea* because it was perceived to closely resemble a snail’s shell. The resemblance lies only in the shape, not in the function (housing a snail). By contrast, a *muscular trochlea*, which is an anchored loop of connective tissue through which a tendon passes to change its direction, is so named because, although the form is different, its function is similar to that of a pulley. Thus a metaphor may be chosen either on account of *formal* or *functional* characteristics. Any entity is most closely associated with its form (Kronenfeld 1996: 7), yet although the word that denotes it usually evokes a formal image, it can also evoke functional characteristics.

Formal metaphor is common in both Western and Chinese medicine. In Western anatomy, many parts of the body are named by formal metaphor on the grounds of formal resemblances they share with object in other domains. In the heart, for example, we find two formal metaphors: *atrium* (lit. ‘entrance hall’) and *ventricle* (‘little stomach’).

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Formal Metaphor in Naming

- | | |
|---|--|
| 738. 鳧骨 <i>fú gǔ</i> , wild duck bones (the arch of the rib-cage formed by the 7th–10th ribs) | 742. 玉門 <i>yù mén</i> , jade gates (the vaginal meatus) |
| 739. 榘骨 <i>jiàn gǔ</i> , bolt bone (the ischium) | 743. 五輪 <i>wǔ lún</i> , five wheels (five concentric regions of the eye) |
| 740. 鼻柱 <i>bí zhù</i> , nose pillar (stem of the nose) | 744. 羊鬚瘡 <i>yáng xū chuāng</i> , goat's whiskers sore |
| 741. 喉關 <i>hóu guān</i> , throat pass (the isthmus faucium) | |

Functional metaphor is relatively rare in Western medicine, examples including *muscular trochlea*, *phagocyte* (a scavenger cell), and *valve* (lit. a little folding door). It is far more abundant in Chinese medicine, as the following examples show.

Functional Metaphor in Naming

- | | |
|--|--|
| 745. 衛氣 <i>wèi qì</i> , defence qì | 750. 督脈 <i>dū mài</i> , governing vessel |
| 746. 君火 <i>jūn huǒ</i> , sovereign fire | 751. 任脈 <i>rèn mài</i> , controlling vessel |
| 747. 正氣 <i>zhèng qì</i> , right qì | 752. 三焦 <i>sān jiāo</i> , triple burner |
| 748. 髓海 <i>suí hǎi</i> , sea of marrow | 753. 命門 <i>mìng mén</i> , life gate |
| 749. 玉海 <i>yù hǎi</i> , sea of jade, i.e., the bladder | 754. 衝脈 <i>chōng mài</i> , thoroughfare vessel |

Sometimes, two adjacent or related objects are named by the metaphorical use of words denoting objects that are similarly related in the source domain. This we can call *systematic metaphor*. A rare example of this in Western medicine is *malleus* and *incus*, two ossicles of the middle ear. These metaphors derive from formal and functional similarities to the blacksmith's hammer and anvil. They are also systematic because the one ossicle strikes the other just as the hammer strikes the anvil. Over a broader domain, we might detect some systematicity among the terms *fungicide*, *bactericide*, *macrophage*, *phagocyte*, *defence*, and *resistance*, which picture health and sickness in terms of war and predation. Systematic metaphor in Chinese medicine is observed in a number of important concepts:

Systematic Metaphor in Naming

- | | |
|--|--|
| 755. 衛氣 <i>wèi qì</i> , defence qì; 營氣 <i>yíng qì</i> , construction qì | |
| 756. 正氣 <i>zhèng qì</i> , right qì, health-maintaining function; 邪氣 <i>xié qì</i> , evil qì, that which threatens health | |
| 757. 君火 <i>jūn huǒ</i> , sovereign fire; 相火 <i>xiàng huǒ</i> , ministerial fire | |
| 758. 井穴 <i>jǐng xué</i> , well point; 榮穴 <i>yíng xué</i> , brook point; 俞穴 <i>shū xué</i> , stream point; 經穴 | |

759. 開、樞、闔 *kāi, shū, hé*, opening, pivot, closing

760. 君臣佐使 *jūn chén zuǒ shǐ*, sovereign, minister, assistant, and courier

The water metaphors of the *Nèijīng* described in the previous chapter (p. 106) are also understood to constitute systematic metaphor.

The distinction between formal and functional metaphor is not always clear-cut because a source may be chosen for both formal and functional characteristics. 衝脈 *chōng mài*, thoroughfare vessel, for example, might be so named on account of the formal similarities to a pathway or the functional similarities of a line of transport. In 產門 *chǎn mén*, birth gate, ‘gate’ both formally and functionally denotes an opening. Nevertheless, the distinction between formal and functional, and especially systematic metaphor, is of significance wherever it is evident. Formal metaphor in naming is often based on superficial physical similarities between the source and target; functional and systematic metaphor, by contrast, reflect a deeper level of understanding of the object in question. Formal metaphors are uninformative. The term 鳧骨 *fú gǔ*, wild duck bones (the arch of the rib-cage formed by the 7th–10th ribs) is an uninformative metaphor, because it is only vaguely suggestive of physical features. Similarly, 茄子病 *qié zi bìng*, eggplant disease, is an uninformative metaphor because it tells us of this disease (prolapse of the uterus) only what the affected part looks like. By contrast, the functional metaphors 正氣 *zhèng qì*, right qì, and 邪氣 *xié qì*, evil qì, are much more expressive of the concepts they represent. It seems reasonable to suggest, therefore, that functional-systematic metaphor is of greater cognitive significance than formal metaphor.

Physical entities have both formal and qualitative/functional characteristics. When they are named, it is usual, for the sake of the brevity a name naturally requires, to limit the choice of attributes. When metaphor is used for the purpose of naming, usually either a formal or a functional attribute (or both in one word) of one domain is mapped onto another. Qualities/states and actions/processes, by contrast, are the qualitative/functional features of entities; these represent a narrower focus.

Epithets in Chinese medical terminology usually take the form of nouns, 氣爲血之帥 *qì wéi xuè zhī shuài*, qì is the commander of the blood; 血爲氣之母 *xuè wéi qì zhī mǔ*, blood is the mother of qì. The descriptive epithets of the internal organs are systematic in nature.

761. 君主之官 *jūn zhǔ zhī guān*, office of monarch, i.e., the heart

762. 倉廩之官 *cāng lǐn zhī guān*, office of the granaries, i.e., the spleen and stomach

763. 相傳之官 *xiāng fù zhī guān*, office of assistant, i.e., the lung

764. 作強之官 *zuò qiáng zhī guān*, office of labor, i.e., the kidney

765. 將軍之官 *jiāng jūn zhī guān*, office of general, i.e., the liver

5.2.1.3.7 Exocentric phrases

In 2.3.1 (Notion of LSP), I suggested that exocentric idiomatic phrases, i.e., phrases whose meaning cannot be guessed from their components, were generally not to be found in terminology. Nevertheless, a number of examples are to be found in Chinese medicine. In ‘increase water to move the [grounded] ship’, ‘ship’ refers to dry stool in the intestines. The phrase is exocentric because stool is not normally referred to as ‘ship’.

766. 增水行舟 *zēng shuǐ xíng zhōu*, increase water to move the [grounded] ship

767. 火盛刑金 *huǒ shèng xíng jīn*, exuberant heat tormenting metal

768. 提壺揭蓋 *tí hú jiē gài*, lift the pot and remove the lid

769. 釜底抽薪 *fǔ dǐ chōu xīn*, raking the firewood from beneath the cauldron

770. 金實不鳴 *jīn shí bù míng*, replete metal failing to sound

771. 回光反照 *huí guāng fǎn zhào*, lit. ‘return light back shine’, last radiance of the setting sun

772. 殘燈復明 *cán dēng fù míng*, lit. ‘dying lamp brightens again’, last flicker of the lamp

5.2.1.3.8 The live/dead status and pertinency of metaphor

The degree to which users are aware of metaphor varies markedly depending on education and other factors. It has been of no interest of the terminologist whose ultimate concern in matters of subjectivity is whether or not users consider a term suited to represent the concept it denotes. The motivation—the initial or continuing acceptability—of a term may be enhanced by the liveness of a pertinent metaphor, but it may also be enhanced by the deadness of an impertinent one (e.g., *atom*, which few English speakers know to mean ‘the unsplitable’). Nevertheless, in Chapter 3 I noted how the live/dead status and pertinency of metaphor may also affect the translator’s choice of TL term (obscure metaphors tend not to be transferred). As we shall see, the live/dead status and pertinency of metaphor is of greater importance in Chinese medicine, where the interpretation of concepts is more greatly influenced by literal meanings of terms.

In the realm of familiar Western LSPs, several factors can be suggested for the survival or death of metaphors in technical terms: the transparency, pertinency, and conspicuousness of the metaphor. Metaphors expressed in unfamiliar words easily die, a typical example in English being classical terms such as *atrium*, *clavicle*, *pelvis*, and *ascites*, which are dead for the now many English speakers unfamiliar with Latin and Greek. Metaphors expressed in commonly used words die less easily. When such words are also commonly used metaphorically, they tend to be thought of as generics rather than

metaphors. Newmark (1995: 86) calls these ‘dead transparent metaphors’. Such is the case with *head*, *foot*, *gate*, *bridge*, *wing*. Here, the death of a metaphor is speeded when the extended uses eclipse the primary usage, as has happened with *bulb* in *light bulb*, *bulb* of an organ, etc. The pertinency of a metaphor helps to ensure its vitality. In *butterfly nut*, the word *nut* is a poor metaphor since it denotes a metal object that is usually hexagonal with a threaded hole in the centre (unlike the edible nut, which is usually roughly spherical and unpierced). *Nut* denoting a food item is a common word, but, unlike *head*, *foot*, etc., the application in mechanical engineering is a relatively isolated metaphorical usage, and for this reason, most native speakers would probably feel it to be a homonym rather than a metaphorical extension. In *butterfly nut*, *butterfly* bears a closer resemblance of shape to the original image than *nut* does, and furthermore the element *-fly* may make it a more conspicuous metaphor.

Metaphor in Chinese medicine is not only abundant, but is also very much alive. Unlike modern European languages that to a greater or lesser degree have relied on Greek and Latin for the creation of new terms, the Chinese language has always drawn on its own lexical resources, which have maintained considerable stability over the two millennia of Chinese medical history. As a consequence, a large proportion of Chinese medical terms, especially of those that have survived into the modern era, are as transparent as they were when they made their first appearance in medical texts.

Undoubtedly, original metaphors are the most powerful; metaphors that occur frequently as in LSP terminology tend to be inconspicuous by their permanent presence. In Chinese, metaphorical uses of characters are partially normalised by the addition of new significs. For example, 藏 *zàng* and 府 *fǔ*, denoting classes of internal organs, semantically mean ‘storehouses’ and ‘mansions’, respectively. The literal meaning is disguised by the addition of the flesh signific 臟 (or 臟, in the old complex form) and 腑, in which the original characters may easily be construed as merely representing a sound. A number of disease names formed with the illness radical have undergone this fate (e.g., 痿 *wěi*, wilting (of the limbs); 癬 *xiǎn*, lichen[-like skin disease]). Certain political and economic metaphors may have been weakened or lost in the passage of time as the terminology in these domains has changed. Once again, 藏 *zàng* and 府 *fǔ* were apparently chosen on account of their specific use in the Hàn Dynasty as grain collection centres (Unschuld 1985: 81). Despite this, much of the natural, architectural, political, and military metaphor found in Chinese medical terminology still remains transparent and alive.

5.2.1.3.9 The significance of metaphor

Metaphor is found all aspects of Chinese medicine. It is used to supplement LGP vocabulary in the naming of body parts, and is widely used to name and describe physiological entities and functions, pathological processes and states, and therapeutic actions.

I have already suggested that as regards the targets of metaphor, metaphorical terms naming speculative entities has potentially greater cognitive value than one naming a physical entity. As regards the functions of metaphor, description may be cognitively more important than naming. As regards the types of attribute, functional and systematic metaphor may be cognitively more important than formal metaphor. Metaphors that have not been buried by diachronic change in the language and the increasing unfamiliarity of a foreign source conserve any cognitive significance they may have had.

The relative distributions of the sources of metaphor (nature, mythology, political life, the military, morality, transportation, architecture), targets of metaphor (body parts, physiological entities, channels and network vessels, physiological functions and relationships, aetiology, symptoms, diseases, treatment), and the types of attributes (formal, functional, systematic) reveal a number of tendencies. Natural metaphor is largely used for body parts, aetiology, symptoms, and diseases, architectural metaphor largely used for body parts, while the metaphors of the world of human activity are largely used for physiological entities (including channels and network vessels), physiological functions and relationships, aetiology, and treatment.

Formal metaphors mostly come from natural and architectural sources, while functional and systematic metaphors mostly come from the natural and from the human world. It would appear therefore that Chinese medicine relies heavily on vocabulary relating to human society for its metaphors explaining the functional aspects of the human organism.

5.2.2 MORPHOLOGICAL CHANGE

Morphological change is the creation of a new word or combination of words. It includes borrowing, combination, derivation, and abbreviation/expansion. It usually entails semantic change.

5.2.2.1 Borrowing

In the discussion of LSP, we should distinguish between LSP loans, i.e., words borrowed by specialists for their particular purposes, and LGP loans, words adopted by the community at large out of general, rather than specific, needs. Some of the examples

In Chinese, loans, as stated in 2.2.2 (Western Influence on Chinese), are comparatively few, and Chinese medicine is no exception. Borrowed words are often difficult to detect because the sound of the word undergoes major change to conform to Chinese phonological patterns and because borrowing was never registered in traditional lexicography. In general terminology, there may be very few loans. Paul U. Unschuld has suggested that, on the basis of sound similarities, 霍亂 *huò luàn* may have derived from Greek *kholera*, 歧伯 *qí bó* from *Hippocrates*, 肺消 *fèi xiāo* from *phthisis* (Unschuld 1998: 11). Foreign origins have been suggested for the Chinese words for 虎 *hǔ* ‘tiger’, 狗 *gǒu* ‘dog’, 犢 *dú* ‘calf’, 像 *xiàng* ‘elephant’, and 牙 *yá* ‘tooth’ (Norman 1988: 16–22), all of which make an appearance in Chinese medical terminology. Nevertheless, these are LGP rather than LSP loans. Probably many loans in the realm of drug names, where sound similarities between Chinese and foreign names, suggest strongly that the name was imported into China with the product. A Persian origin has been established for 葡萄 *pú táo* ‘grape’ (Norman 1988: 19). It has been suggested that 萊菔 *lái fú* and its synonym 蘿蔔 *luó bo* is related to the Greek *rhap(h)ys*, Latin *raphanus*, and the English *rape* (Schafer 1977), and that 沒藥 *mò yào* is of a Semitic origin shared by the English *myrrh* (Hsu 1986: 471). English names of medicinal substances whose foreign origins are attested in general dictionaries allow me to posit similar origins for similar-sounding names in Chinese. For example, the sound similarity between 高良薑 *gāo liáng jiāng* and its English equivalent *galangal* allows us to assume that the Chinese shares with the English a common source (Arabic). Systematic investigation of plant and animal names would most likely reveal a large number of loans.

Loans

773. 霍亂 *huò luàn* from Greek *kholera* (?)

774. 肺消 *fèi xiāo*, ‘consumption’, akin to *phthisis* (?)

775. 歧伯 *qí bó*, Qí Bó (interlocutor of the Yellow Thearch in the *Huángdì Nèijīng* from Greek *Hippocrates* (?)

776. 虎 *hǔ* (as in 虎骨 *hǔ gǔ*), ‘tiger’, akin to Mon [kla]

777. 狗 *gǒu* (as in 狗骨 *gǒu gǔ*), ‘dog’, from Proto-Miao-Yao **klu²B*

778. 犢 *dú* (as in the acupuncture point name 犢鼻 *dú bí*), ‘calf’, akin to Manchu [tukšan] and Evenki [tukučən]

779. 象 *xiàng* (as in 象皮 *xiàng pí*), ‘elephant’, akin to Proto-Tai **[jaŋ]*, Mon [coiŋ], Burmese [chaŋ] (?)

780. 牙 *yán* akin to Proto-Tai **[ŋa]*, Vietnamese [ngà], Bahnar [ngəla]

781. 梅檀 *zhān tán* ‘sandal’ from Sanskrit *candana*

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782. 葡萄 *pú táo*, grape, from Iranian prototype *[buddāwa]
783. 萊菔 (蘿蔔) *lái fú* akin to Greek *rhapys*, *rhaphys*, English *rape*
784. 沒藥 *mò yào*, ‘myrrh’, akin to Hebrew *mōr* and Arabic *murr*
785. 蜜 *mì*, ‘honey’, akin to Latin *mel*
786. 訶黎勒 (訶子) *hē lì lè (hē zǐ)*, ‘chebule’, from Pashto *halīla-ī-kābulī*, ‘myrobalan of Kabul’
787. 高良薑 *gāo liáng jiāng*, ‘galangal’, from Arabic *khalanjān*
788. 萆撥梨 (萆芡) *bì bō lí (bì bá)*, ‘long pepper’, from Sanskrit *pippali*
789. 畢澄茄 *bì chéng qiè*, ‘cubeb’, akin to Sanskrit *viḍanga*
790. 蘇枋 (木) *sū fāng (mù)*, ‘sappan’, from Malay *sapang*, of southern Indian origin

There is no evidence of any loan-translation in the physiological and pathological terminology of Chinese medicine. Although certain medicinal products, and possibly some medical ideas (Unschuld 1998: 10–12), came from abroad, there is no evidence of transmission of detailed textual knowledge which would be necessary for loan-translation.

5.2.2.2 Combination

Combination means the combining of existing words or morphemes to form compounds or collocations. Compounding is one of the most productive methods of term-formation in European languages, and is especially productive in Chinese (Lyovin 1997: 135). While many modern Western terminologies are largely composed of noun phrases (Western medicine is a typical example), the terminology of Chinese medicine shows a wide variety of syntax. Noun compounds and qualifier + noun combinations are often used in the naming of things. Subject + verb and verb + object phrases are used to describe, among other things, physical states or therapeutic actions. Such phrases can generally also be used as nouns. For instance, 腹脹 *fù zhàng* can be used in the active sense of ‘the abdomen is distended’ or ‘abdominal distention’. Similarly, 補血 *bǔ xuè* can mean to ‘supplement the blood’ or ‘supplementing the blood’ (i.e., supplementation of the blood). In the examples that follow, although combinations are explained their active sense, we should bear in mind that this is not their only usage, and often noun forms are preferable in English.

5.2.2.2.1 Noun compounds

Chinese noun combinations take a variety of forms. The terminology of Chinese medicine evinces the following relationships between combined nouns.

Addition/Alternativity: Compounds of an additive nature (called dvandva compounds, or copulative compounds) are frequent, and are usually expressed in English with

the word ‘and’: 心脾 *xīn pí*, heart and spleen, 表裡 *biǎo lǐ*, interior and exterior. (In the English expression of Chinese medicine, these are often conventionally written with a hyphen rather than ‘and’, e.g., 濕熱 *shī rè*, damp-heat.)

Apposition: Some noun combinations are appositional. Thus, 脾土 *pí tǔ*, spleen-earth, means the spleen understood as belonging to earth in the five-phase system of correspondence.

Qualification/Subordination: Combinations in which the first element qualifies the second (e.g., 麻疹 *má zhěn*, lit. ‘hemp rash’, measles) or in which the second element is subordinate to the first (e.g., 心氣 *xīn qì*, heart qì or ‘qì of the heart’) are true compounds. Qualification and subordination are not separated here since relationships of subordination may also be interpreted as relationships of qualification. Many combinations evincing a relationship of qualification or subordination between its components have resulted from compounding that developed owing to phonological attrition; 口唇 *kǒu chún*, lit. ‘mouth lip’, lip.

Polarity/Degree: Some combinations express polarity or degree. The combination 陰陽 *yīn yáng* in some contexts is additive (‘yīn and yáng’), whereas in others it implies a polarity (‘yīn-yáng’, as in ‘yīn-yáng characteristics’). The notion of (degree of) thickness is thus expressed as 厚薄 *hòu bó*, thickness, lit. ‘thick(ness)/thin(ness)’.

Synonymy: Some compounds are two (near) synonyms. For example, both 牙 *yá* and 齒 *chǐ* mean tooth, and the combination of the two characters also means tooth. Similarly 眼睛 *yǎn jīng*, eye, and 身體 *shēn tǐ*, body, are each composed of words of the same meaning. Often the synonymy is only partial: in 咽喉 *yān hóu*, lit. ‘pharynx-larynx’, throat, the components each denote a part of the throat. Synonym compounds in the spoken language tend to be compounds that have developed to cope with phonological attrition. As we shall see ahead, they also appear in the literary language, where their use depends on esthetic considerations. This poses matters of decision in translation (see Chapter 7, Proposed Methodology of Term Translation). Sometimes, attempts were made to impose meaning distinction on the components of synonym compounds, e.g., 牙齒 *yá chǐ*, tooth as ‘upper teeth and lower teeth’ or 瘰癧 *luǒ lì*, scrofula as ‘large scrofula lumps and small scrofula lumps’.

Fixed Compounds: Some two-character compounds are fixed; their components never appear as individual words. Fixed compounds were few in Old Chinese, and are few in the terminology of Chinese medicine. 膀胱 *páng guāng*, bladder, 叮嚀 *dīng níng*, earwax, and 頤頰 *háng sǎng*, palate are examples.

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Suffixation: Suffixation as in 鼻子 *bí zi*, nose, 舌頭 *shé tou*, tongue, and 指頭 *zhǐ tóu*, finger, has a long history, yet has rarely appeared in medical terminology.

Noun + Noun

Addition/Alternativity

791. 肝腎 *gān shèn*, liver and kidney
 792. 肝膽 *gān dǎn*, liver and gallbladder
 793. 心腹 *xīn fù*, heart [region] and abdomen
 794. 胸脅 *xiōng xié*, chest and rib-side
 795. 風火 *fēng huǒ*, wind-fire
 796. 風寒 *fēng hán*, wind-cold
 797. 崩漏 *bēng lòu*, flooding and spotting
 798. 津液 *jīn yè*, liquid and humour
 799. 痰飲 *tán yǐn*, phlegm-rheum
 800. 癥瘕積聚 *zhēng jiǎ jī jù*, concretions, conglomerations, accumulations, and gatherings

Apposition

801. 脾土 *pí tǔ*, spleen-earth

Qualification/Subordination

802. 脾氣 *pí qì*, spleen qì (splenic qì, the spleen's qì)
 803. 鼻淵 *bí yuān*, lit. 'nose abyss', deep-source nasal congestion
 804. 麻疹 *má zhěn*, lit. 'hemp rash', measles
 805. 乳蛾 *rǔ é*, nipple moth
 806. 精室 *jīng shì*, essence chamber
 807. 鳩尾 *jiū wěi*, turtle-dove's tail

808. 鵝掌風 *é zhǎng fēng*, goose-foot wind

809. 牛皮癬 *niú pí xiǎn*, oxbhide lichen

810. 氣淋 *qì lín*, qì strangury

811. 梅核氣 *méi hé qì*, plum-pit qì

812. 膀胱濕熱 *páng guāng shī rè*, bladder damp-heat

Polarity/Degree

813. 天地 *tiān dì*, heaven and earth

814. 寒熱 *hán rè*, cold-heat

815. 陰陽 *yīn yáng*, yīn-yáng

816. 標本 *biāo běn*, tip and root

Synonymy

817. 牙齒 *yá chǐ*, lit. 'tooth-tooth', tooth

818. 身體 *shēn tǐ*, lit. 'body-body', body

819. 皮膚 *pí fū*, lit. 'skin-skin', skin

820. 喉嚨 *hóu lóng*, lit. 'throat-throat', throat

821. 瘰癧 *luǒ lì*, lit. 'scrofula-scrofula', scrofula

Fixed Compounds

822. 膀胱 *páng guāng*, bladder

823. 耳聾 *ěr lóng*, earwax

824. 螳螂 *táng láng*, mantis

825. 螻蛄 *liú gū*, mantis egg-case

Redundancy has been mentioned under more than one of the above headings. A few examples are brought together in the following list.

Redundancy in Noun Combinations

826. 耳聾 *ěr lóng*, lit. 'ears deaf', deafness

827. 口唇 *kǒu chún*, lit. 'mouth lips', lip

828. 目珠 *mù zhū*, lit. 'eye bead', eye

829. 胞瞼 *bāo jiǎn*, lit. 'sac eyelid', eyelid

830. 肛門 *gāng mén*, lit. 'anus gate', anus

831. 瘧疾 *mà jí*, lit. 'malaria disease', malaria

832. 眼睛 *yǎn jīng*, lit. ‘eye-eye’, eye833. 牙齒 *yá chǐ*, lit. ‘tooth-tooth’, tooth**5.2.2.2.2 Verb combinations**

Combinations of verbs (active and stative), like combinations of nouns, express different relationships between the components. These may be analyzed as follows:

Addition/Alternativity: As with nouns, the meaning of a verb combination may be the sum of its parts, or either of them.

Synonymy: As with nouns, two verbs of the same meaning can be combined. Double verbs were rare in Old Chinese (Norman 1988: 121–124), and only increased later. In post-Classical literary Chinese, the choice of a single or double verb is often a matter of euphony, a two-character subject tending to be followed by a two-character verb. This sometimes makes it difficult to determine whether a double verb is a compound or simply a collocation.

Intensification: In addition, a number of intensifying reduplications, such as 綿綿不斷 *mián mián bù duàn*, continuous 項背強几几 *xiàng bèi qiáng shū shū*, stretched rigid nape and back, 翕翕發熱 *xì xì fā rè*, feather-warm heat effusion, and 淅淅惡風 *xī xī wù fēng*, wetted aversion to wind, are commonly encountered, particularly in older literature.

Active Verb + Active Verb**Addition/Alternativity**834. 呼吸 *hū xī*, lit. ‘inhale and exhale’, breathe835. 嘔吐 *ǒu tù*, lit. ‘vomit and retch’, vomiting and retching836. 浮越 *fú yuè*, lit. ‘float-stray’, float astray837. 沖服 *chōng fú*, lit. ‘drench [and] take’, take drenched838. 加減 *jiā jiǎn*, lit. ‘add/subtract [the ingredients in a formula]’, vary**Synonymy**839. 厥逆 *jué nì*, lit. ‘reverse-counterflow’, reverse flow840. 壅盛 *yōng shèng*, lit. ‘congest-exuberate’, congest841. 虛衰 *xū shuāi*, lit. ‘vacuous-debilitated’, debilitated842. 鬱滯 *yù zhì*, lit. ‘depressed-stagnant’, depressed843. 滋養 *zī yǎng*, lit. ‘enrich-nourish’, enrich**Stative Verb + Stative Verb****Addition/Alternativity**844. 青紫 *qīng zǐ*, green-blue or purple845. 黃赤 *huáng chì*, yellow or red846. 厚膩 *hòu nì*, thick and slimy847. 洪大 *hóng dà*, large and surging

5. THE NATURE OF CHINESE MEDICAL TERMINOLOGY

848. 怔忡 *zhēng chōng*, fear-fear

849. 疼痛 *téng tòng*, painful-painful

850. 干燥 *gān zào*, dry-dry

851. 紅赤 *hóng chì*, red-red

Intensification

852. 腸鳴漉漉 *cháng míng lù lù*, gurgling intestines

853. 綿綿不斷 *mián mián bù duàn*, continuous

854. 淅淅惡風 *xī xī wù fēng*, wetted aversion to wind

855. 翕翕發熱 *xì xì fā rè*, feather-warm heat effusion

856. 嗇嗇惡寒 *sè sè wù hán*, huddling aversion to cold

Verb Qualifying Verb

Modifying Active Verbs

857. 生用 *shēng yòng*, lit. ‘raw use’, use raw

858. 微炒 *wēi chǎo*, lit. ‘slight stir-fry’, stir-fry lightly

859. 妄行 *wàng xíng*, lit. ‘frenetic move’, move frenetically

860. 復感外邪 *fù gǎn wài xié*, lit. ‘repeat-contract external evil’, contract external evil again

861. 過食 *guò shí*, lit. ‘over eat’, eat excessively

862. 淡滲利水 *dàn shèn lì shuǐ*, lit. ‘bland percolate disinhibit water’, disinhibit water by bland percolation

Modifying Stative Verbs

863. 蒼白 *cāng bái*, somber white

864. 淡紅 *dàn hóng*, pale red

865. 萎黃 *wěi huáng*, withered-yellow

866. 潮熱 *cháo rè*, tidal fever

5.2.2.2.3 Mixed combinations

Mixed combinations are terms containing a combination of nouns, verbs (active and stative), numerals, etc.

In Chinese medicine, one highly productive method of term-formation lies in the combination of numbers with nouns. One dictionary (SYZYCD 1992), for example, contains no fewer than 130 entries beginning with the character 五 *wǔ*, five. The yīn-yáng binary system lends significance to odd and even numbers, while certain numbers derive significance from five-phase theory and the Book of Changes (易經 *yì jīng*). Such factors contributed to the formation of a numerological naming habit.

Number + Noun

867. 一陽 *yī yáng*, first yáng [channel]

868. 三因 *sān yīn*, three causes (of disease) (three categories of disease causes)

869. 四診 *sì zhěn*, four examinations (examining the body by inspection, listening and smelling, inquiry, and palpation)

TRANSLATION OF CHINESE MEDICAL TERMS

- | | |
|---|---|
| 870. 五行 <i>wǔ xíng</i> , five phases | 878. 十四經 <i>shí sì jīng</i> , fourteen channels |
| 871. 六淫 <i>liù yín</i> , six excesses (wind, cold, dampness etc., as causes of disease) | 879. 十六郄穴 <i>shí liù xī xué</i> , sixteen cleft holes (or points) |
| 872. 七情 <i>qī qíng</i> , seven affects (anger, fright, etc.) | 880. 十七椎穴 <i>shí qī zhuī xué</i> , 17th spine bone |
| 873. 八綱 <i>bā gāng</i> , eight principles, lit. '8 headropes', (eight basic categories of disease patterns) | 881. 十八反 <i>shí bā fǎn</i> , eighteen clashes (clashes between 18 drugs) |
| 874. 九針 <i>jiǔ zhēn</i> , nine needles (nine needling methods) | 882. 病機十九條 <i>bìng jī shí jiǔ tiáo</i> , nineteen pathomechanisms |
| 875. 十一味溫膽湯 <i>shí yī wèi wēn dǎn tāng</i> , Eleven-Ingredient Gallbladder-Warming Decoction | 883. 二十八脈 <i>èr shí bā mài</i> , twenty-eight pulses |
| 876. 十二經筋 <i>shí èr jīng jīn</i> , twelve channel sinews | 884. 百日咳 <i>bǎi rì ké</i> , hundred-day cough (whooping cough) |
| 877. 十三鬼穴 <i>shí sān guǐ xué</i> , thirteen ghost or demon holes (or points) | 885. 千日瘡 <i>qiān rì chuāng</i> , wart, lit. 'thousand-day sore' |
| | 886. 萬物之母 <i>wàn wù zhī mǔ</i> , mother of ten-thousand things (i.e., all things) |

Like Western medicine, but probably not as frequently, Chinese medicine combines adjectives (stative verbs) with nouns to form terms.

Qualifier + Noun

- | | |
|--|---|
| 887. 少陽 <i>shào yáng</i> , lesser yáng | 894. 遲脈 <i>chí mài</i> , slow pulse |
| 888. 糙苔 <i>cāo tāi</i> , rough fur | 895. 白帶 <i>bái dài</i> , white vaginal discharge, lit. 'white belt' |
| 889. 浮脈 <i>fú mài</i> , floating pulse | 896. 赤參 <i>chì shēn</i> , salvia (Chinese sage), lit. 'red wort' |
| 890. 重舌 <i>chóng shé</i> , double tongue | 897. 綠礬 <i>lǜ fán</i> , melanterite, lit. 'green alum' |
| 891. 黃汗 <i>huáng hàn</i> , yellow sweat | 898. 走黃 <i>zǒu huáng</i> , running yellow |
| 892. 赤痢 <i>chì lì</i> , red dysentery | |
| 893. 柔瘓 <i>róu jìng</i> , soft tetany | |

Chinese qualifier + noun combinations are a pattern we are familiar with in English. Its subject + verb combinations are too, but they are used in ways that have no English parallel. These combinations can be used in an active sense of subject + predicate (e.g., the eyes are red); they can be preceded by a human subject (e.g., the patient's eyes are red), and hence they are like verbs; and, they can also be used as noun phrases (e.g., 'eye redness').

Subject + Verb**One-character subject with one-character verb**

899. 目赤 *mù chì*, lit. ‘eyes [are] red’, red eyes
900. 面黃 *miàn huáng*, lit. ‘face [is] yellow’, yellow face
901. 頭搖 *tóu yáo*, lit. ‘head wabbles’, shaking of the head
902. 痰多 *tán duō*, lit. ‘phlegm [is] much’, copious phlegm
903. 氣急 *qì jí*, lit. ‘qì [is] urgent/rapid’, rapid breathing
904. 汗多 *hàn duō*, lit. ‘sweat [is] much’, copious sweat
905. 頭痛 *tóu tòng*, lit. ‘head [is] painful’, headache
906. 咽干 *yān gān*, dry pharynx, lit. ‘throat [is] dry’, dry throat
907. 肢倦 *zhī juàn*, lit. ‘limbs [are] fatigued’, fatigued limbs
908. 腹滿 *fù mǎn*, lit. ‘abdomen [is] full’, abdominal fullness
909. 肛裂 *gāng liè*, lit. ‘anus [is] split’, splitting of the anus
910. 牙宣 *yá xuān*, lit. ‘gums gape’, gaping gums
911. 苔化 *tāi huà*, lit. ‘moss transforms’, transforming fur
912. 喉癢 *hóu yǎng*, lit. ‘throat itches’, itchy throat

Two-character subject with two-character verb

913. 舌質胖大 *shé zhì pàng dà*, lit. ‘tongue substance fat-large’, enlarged tongue
914. 四肢拘急 *sì zhī jū jí*, lit. ‘four limbs

915. 囟門高突 *xìn mén gāo tú*, lit. ‘fontanel gate high protrude’, bulging fontanel gate
916. 手舞足蹈 *shǒu wǔ zú dào*, lit. ‘hands dance, feet dance’, flailing of the arms and legs
917. 鬚髮早白 *xū fà zǎo bái*, lit. ‘whiskers [and] hair early white’, premature graying
918. 口角流涎 *kǒu jiǎo liú xián*, lit. ‘mouth corners flow drool’, drooling from the corners of the mouth
919. 腹露青筋 *fù lù qīng jīn*, lit. ‘abdomen expose green-blue veins’, prominent [green-blue] abdominal veins
920. 舌生芒刺 *shé shēng máng cì*, lit. ‘tongue grows awn prickles’, prickly tongue
921. 舌苔白厚 *shé tāi bái hòu*, lit. ‘tongue moss white thick’, thick white tongue fur
922. 小便黃赤 *xiǎo biàn huáng chì*, lit. ‘smaller convenience yellow-red’, yellow or reddish urine; reddish yellow urine
923. 聲音嘶啞 *shēng yīn sī yǎ*, lit. ‘voice-sound hoarse-mute’, hoarse voice
924. 四肢倦怠 *sì zhī juàn dài*, lit. ‘four limbs fatigued fatigued’, fatigued limbs
925. 五心煩熱 *wǔ xīn fán rè*, lit. ‘five hearts vexed [and] hot’, vexing heat in the five hearts

One-character subject with two-character verb

926. 舌紅絳 *shé hóng jiàng*, lit. ‘tongue red-crimson’, red or crimson tongue

Two-character subject with one-character verb

927. 面色白 *miàn sè bái*, lit. ‘face-colour

928. 腰脊痛 *yāo jǐ tòng*, lit. ‘lumbar spine painful’, pain in the lumbar spine
929. 小腹痛 *xiǎo fù tòng*, lit. ‘small abdomen painful’, smaller-abdominal pain
- One-character subject with three-character verb**
930. 痰白清稀 *tán bái qīng xī*, lit. ‘phlegm white clear thin’, clear thin white phlegm
931. 脫髮 *tuō fà*, lit. ‘loose hair’, hair loss
932. 斜視 *xié shì*, lit. ‘deviated look’, squint
933. 直視 *zhí shì*, lit. ‘straight look’, forward-staring eyes
- Subject + verb + subject + verb**
934. 錯言妄語 *cuò yán wàng yǔ*, lit. ‘cross speak frenetic speak’, deranged speech
935. 形寒肢冷 *xíng hán zhī lěng*, lit. ‘form cold limbs cold’, physical cold and cold limbs
936. 胸滿脅痛 *xiōng mǎn xié tòng*, lit. ‘chest full rib-side painful’, fullness in the chest and pain in the rib-side
- Other**
937. 鄭聲 *zhèng shēng*, lit. ‘repeat sound’, muttering
938. 潮熱 *cháo rè*, lit. ‘tide hot’, tidal fever
939. 骨蒸勞熱 *gǔ zhēng láo rè*, lit. ‘bone steam taxed fever’, steaming bone taxation fever
940. 日晡潮熱 *rì bī cháo rè*, lit. ‘sun afternoon tide fever’, late afternoon tidal fever

In European languages, the technical content of scientific and technological disciplines is mostly expressed in nouns and qualifiers. In the language of Chinese medicine, active verbs play a much greater role, especially in therapeutic terminology. The English translations given below do not necessarily follow the grammatical structure of the Chinese.

Verb + Object

Symptoms

941. 弄舌 *nòng shé*, worrying tongue, lit. ‘worry (agitate nervously) the tongue’,
942. 咳痰 *ké tán*, coughing of phlegm
943. 咳痰黃稠 *ké tán huáng chóu*, coughing of thick yellow phlegm
944. 視物如雙 *shì wù rú shuāng*, lit. ‘see things as double’, double vision
945. 視物變形 *shì wù biàn xíng*, lit. ‘see things change shape’, visual distortion of objects
947. 涼血 *liáng xuè*, cool the blood
948. 散寒 *sàn hán*, dissipate cold
949. 燥濕 *zào shī*, dry dampness
950. 補氣 *bǔ qì*, supplement qì
951. 壯陽 *zhuàng yáng*, invigorate yáng
952. 養血 *yǎng xuè*, nourish the blood
953. 熄風 *xī fēng*, extinguish wind
954. 潤燥 *rùn zào*, moisten dryness
955. 健脾 *jiàn pí*, fortify the spleen
956. 走罐 *zǒu guǎn*, moving (or sliding) cup
957. 交通心腎 *jiāo tōng xīn shèn*, promote the interaction of the heart and kidney

Therapy

958. 益氣固表 *yì qì gù biǎo*, boost qì and se-cure the exterior

Some terms are noun phrases using the subordinating particle 之 *zhī* (equivalent to the 的 *de* in the modern spoken language), which is placed after a multi-character premodifier.

之 Constructions

Noun + 之 + Noun

959. 經絡之氣 *jīng luò zhī qì*, channels and network [vessel] qì, lit. ‘channel-network’s qì’

960. 倉廩之官 *cāng lǐn zhī guān*, office of the granaries, lit. ‘granaries’ official’

961. 五臟之精氣 *wǔ zàng zhī jīng qì*, the essential qì of the five viscera

962. 經脈之海 *jīng mài zhī hǎi*, the sea of the channels and vessels

963. 一身之表 *yī shēn zhī biǎo*, lit. ‘one body’s exterior’, the exterior of the entire body

964. 人之一身 *rén zhī yī shēn*, the whole of the human body

965. 春夏之令 *chūn xià zhī lìng*, the seasons of spring and summer

Stative Verb + 之 + Noun

966. 苦寒之劑 *kǔ hán zhī jì*, cold bitter formulas

967. 辛熱之劑 *xīn rè zhī jì*, hot acrid formulas

968. 新舊之疾 *xīn jiù zhī jí*, new and old diseases

Active Verb + 之 + Noun

969. 受盛之官 *shòu chéng zhī guān*, the office of reception, lit. ‘receive-receive PARTICLE official’

970. 清熱瀉火之劑 *qīng rè xiè huǒ zhī jì*, heat-clearing fire-draining formulas, lit. ‘clear-heat drain-fire PARTICLE formula’

971. 肺爲貯痰之器；脾爲生痰之原 *fèi wéi zhǔ tán zhī qì, pí wéi shēng tán zhī yuán*, the lung is the receptacle that holds phlegm; the spleen is the source of phlegm formation

Note that if the modifier is comprised of a single character, the 之 cannot be added: 寒劑 *hán jì*, cold formulas.

5.2.2.3 Derivation

Derivation in European languages involves creating terms by combining word-roots, affixes, and word-class morphemes. In Chinese, whose content morphemes can stand as independent words, this method of term-building is indistinguishable from compounding. A term such as ‘antifebrile’ used in West medicine in Chinese is a compound 解熱, which is also used in the active meaning of ‘to reduce fever’.

There is another sense in which derivation may be spoken of in Chinese. Because of its monosyllabic nature, Classical Chinese is incapable of revealing the semantic structure of its individual lexical items. At the level of speech, words give no clues as to

their etymology. Written characters do, however, provide some information. Insofar as the elements of their composition are pictographic or ideographic, they preserve part of the semantic contents of words at a certain point in history. Nevertheless, ontogenically speaking, the written forms are posterior to their oral counterparts, and cannot bridge the missing gap between the oral vocabulary and its ultimate formational motivation (Yau 1993).

Among the methods of composing Chinese characters 形聲 *xíng shēng*, semantic-phonetic compounds (as they are called by Coulmas (1989: 99), are composed of an element that represents the sound and another element called a signific, which indicates the semantic category of the character, e.g., 濱 *zhōng*, shore, is composed of 賓 *bīn*, guest, combined with the signific 氵 *shuǐ* (an altered form of 水), water. In this example as in many others, phonetic element appears to be used exclusively for its phonetic value. However, there are also cases in which the phonetic also has a semantic role. This is obviously the cases when the signific was added to distinguish a particular semantic extension of a character from its primary meaning. For example, 藏 *zàng* and 腑 *fǔ*, lit. ‘storehouse’ and ‘mansion’ were used metaphorically as classes of internal organs, reflecting how the internal organs were perceived of as being like centers of grain collection and storage. Later on, this specific medical application of the characters was distinguished by the addition of the flesh radical. Thus, in the modern 臟 (complex form 臟) and 腑, the phonetic element is also a semantic element.

Chinese medicine has quite a number of characters containing elements that is in all probability semantically as well as phonetically motivated. Examples are given below.

Graphemic Derivation

- 972. 臟腑 *zàng fǔ* ← 藏、府, storehouse and mansion: two classes of internal organ
- 973. 痘 *dòu* ← 豆, pea, bean: pox
- 974. 脹 *gǔ* ← 鼓, drum: drum distention (pronounced abdominal distention)
- 975. 痧 *shā* ← 沙, sand: a disease characterised by small red papules
- 976. 疝 *shàn* ← 山, mountain: an accumulation of evil or hernia
- 977. 癆 *láo* ← 勞, toil, strain: consumption
- 978. 瘀 *yū* ← 淤, silt: stasis (of the blood)
- 979. 痿 *wěi* ← 萎, wither, wilt: wilting disease (including aftermath of polio)
- 980. 疔 *dīng* ← 丁 in the sense of the shape of this character (whence 釘 a nail): a clove-sore (a deep-rooted furuncle)
- 981. 瘤 *liú* ← 留, remain, settle: a tumor

982. 癰 *jié* ← 節, a node or knot: a furuncle

983. 癰 (癰) *yōng* ← 雝, flock or flow together: a swelling-abscess

984. 癬 *xiǎn* ← 藓, moss, lichen: any of a number of skin diseases resembling lichen

985. 疥 *jiè* ← 介, shell, crust: a skin disease characterised by crusting

986. 𧈧 *nì* ← 匿, hidden: a disease of the nose caused by invisible bugs (蟲)

Such etymologies should be treated with caution. In some cases, the semantic significance of phonetic elements has been explicitly proposed in the literature. Of course, it is not always possible to rule out the possibility of folk etymology. A school of linguistic thought, the so-called 聲訓學派 *shēng xùn xué pài*, which reached its apogee in the Hàn, attempted to explain words in terms of others of similar sound. For example, 名 *míng*, name, was explained as meaning 鳴 *míng*, to call or shout, and 命 *mìng*, to ordain, fate; and 鬚 *xū*, beard, and 秀 *xiù*, elegance (Hé J-Y 1995: 72–85). These connections are now considered to be idle speculation. The possibility of semantic significance of phonetic elements in composite characters differs from this insofar there is evidence of the character serving as the phonetic element being used in the sense of the composite character, e.g., 疔 *dīng* as the name of a type of sore (→ 疔); 鼓 *gǔ* appears in the compound 鼓脹 *gǔ zhàng* (→ 鼓脹); 萎 *wěi* even in modern texts is sometimes seen as an alternative 痿. 淤 *yū*, silt, turbid water, is attested in the sense of 瘀. When such usages are unattested, the semantic relevance of the phonetic element is an indication only of a possible etymology.

Note that if these etymologies are correct, then in 痿, 論 and 瘀, the sickness signfic has not been added to the phonetic but has replaced another phonetic.

5.2.2.4 Abbreviation/Expansion

Modern LSPs (European and Chinese) rely heavily on abbreviation. In European languages this may take the form of contractions (e.g., métropolitain → métro; bicycle → bike), initialisms (e.g., language for general purposes → LGP), or acronyms (radar, WHO, AIDS).

Chinese script is not phonetic, so there are no initials that can be used. Contractions nevertheless abound, such as 地下鐵路 *dì xià tiě lù*, underground railway, lit. ‘underground iron-road’ becoming 地鐵 *dì tiě* ‘ground-iron’. In the medical realm, 健康保險 *jiàn kāng bǎo xiǎn*, health insurance, is abbreviated to 健保 *jiàn bǎo*, and 化學療法 *huà xué liáo fǎ*, chemotherapy, to 化療 *huà liáo*. Abbreviation is not to be confused with the use of classical forms. For example, 耳鼻喉科 *ěr bí hóu kē*, ear, nose, and throat department (otorhinolaryngology) involves no reduction of the three organ names, since

the colloquial forms 耳朵 *ěr duō*, 鼻子 *bí zi*, and 喉嚨 *hóu lóng* are not normally used in medical terminology.

Since the terminology and expression of Chinese medicine is largely classical (monosyllabic), the need to shorten terms is not great. Abbreviations nevertheless occur. The names of many medicinals are polysyllabic, and therefore invite shortening. For example, 參 *shēn* for 人參 *rén shēn* (ginseng), and 芍 *sháo* for 芍藥 *sháo yào* (peony). Sometimes the word 湯 *tāng*, for instance, is dropped in decoction names, e.g., 四物 *sì wù* for 四物湯 *sì wù tāng* (Four Agents Decoction).

These examples are all shorthand forms that the reader mentally fills out as he/she reads. Some abbreviations are more fixed. An example of this in Western medicine is *metrorrhagia*, in which *rrhagia* stands for *hemorrhage*. In Chinese medicine, one might cite 暗經 *àn jīng*, surreptitious menstruation, and 經水 *jīng shuǐ*, menstrual flow, where 經 *jīng* stands for 月經 *yuè jīng*, menstruation; 天哮 *tiān xiāo*, lit. ‘heaven wheezing’ and 天宦 *tiān huàn*, ‘heaven eunuchism’, where ‘heaven’ stands for 先天 *xiān tiān*, lit. ‘earlier-heaven’, i.e., congenital. 養心 *yǎng xīn*, lit. ‘nourish the heart’, is elliptical since ‘the heart’ means specifically ‘heart yīn’ or ‘heart blood’. In 內消 *nèi xiāo*, lit. ‘internal dispersion’, 消 *xiāo* refers 消渴 *xiāo kě*, ‘dispersion-thirst’ (often rendered as wasting thirst), a disease partially corresponding to diabetes mellitus.

The increased use of compounding due to phonological attrition has given rise to a tendency to expansion as strong as the tendency toward abbreviation. In 面色紅赤 *miàn sè hóng chì*, red facial complexion the appearance of two virtual synonyms for ‘red’ appears to be motivated by the two-character compound for ‘facial complexion’. Compare the following:

987. 唇焦 *chún jiāo*, lit. ‘lips parched’, parched lips

988. 唇腫 *chún zhǒng*, lit. ‘lips swollen’, swollen lips

989. 舌胖 *shé pàng*, lit. ‘tongue substance fat-large’, enlarged tongue

990. 口唇緊縮 *kǒu chún jǐn suō*, lit. ‘mouth lips tightly contracted’, tightly contracted lips

991. 舌質胖大 *shé zhì pàng dà*, enlarged tongue, lit. ‘tongue substance fat-large’,

992. 四肢倦怠 *sì zhī juàn dài*, lit. ‘four limbs fatigued-fatigued’, fatigued limbs

5.2.3 GRAMMATICAL CHANGE

Conversion is a shift in word-class, such as when the adjectives *variable* and *constant* are used as nouns, or when the nouns *format* and *earth* are used as verbs. Chinese is well-known for its lack of word-class restraints, yet, in practice, while almost any verb

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ing as verbs or adverbs, are much rarer. Not too many examples are to be found in the terminology. 脈 *mài*, the pulse (the original meaning is actually ‘vessel’), is seen in the sense of ‘to take the pulse’ (or ‘examine the patient’) in Hàn Dynasty literature, but it no longer appears in modern literature.

993. 虛 *xū*, vacuity → make vacuous, 實 *shí*, repletion → make replete, as in 虛虛 *xū xū*, evacuate vacuity, and 實實 *shí shí*, replenish repletion, i.e., to exacerbate vacuity and repletion, respectively.

994. 相表裡 *xiāng biǎo lǐ*, lit. ‘to exterior-interior each other’, stand in exterior-interior relationship as in 肺與大腸相表裡 *fèi yǔ dà cháng xiāng biǎo lǐ*, lung and large intestine stand in exterior-interior relationship

995. 弦 *xián*, string (of an instrument) → to be stringlike, as in 脈弦 *mài xián*, stringlike pulse

996. 莖 *kōu*, stalk of a scallion, or spring onion → to be scallion-stalk-like, as in 脈莖 *mài kōu*, scallion-stalk pulse

997. 月 *yuè*, month → menstruate, as 不月 *bù yuè*, absence of menses (lit. ‘not menstruate’)

998. 脈 *mài*, pulse → take the pulse

999. 夜 *yè*, night → to do what is normally done at night, as in 魚睛不夜 *yú jīng bù yè*, ‘fish eyes not nighting’, i.e., eyes like fish eyes that do not close during sleep

The use of proper names as terms (eponyms) is observed in modern Chinese LSPs, but mostly in translated terms, e.g., hertz (赫茲 *hè zī*), celsius (攝氏 *shè shì*), and Down’s syndrome (堂氏症 *táng shì zhèng*). In Western medicine, this practice has lost popularity because it produces poorly motivated terms (*uterine tube* is clearer than *fallopian tube*). In Chinese medicine, eponyms are virtually unknown in the naming of diseases and body parts (the acupuncture point name 公孫 *gōng sūn*, Gōngsūn, the Yellow Thearch, is a rare example). Nevertheless, certain formula names or eponymic: 白氏眼藥 *bái shì yǎn yào*, Bái’s Eye Medication, 程氏萆薢分清飲 *chéng shì bì xiè fēn qīng yǐn*, Chéng’s Fish Poison Yam Clear-Turbid Separation Beverage, and 侯氏黑散 *hóu shì hēi sǎn*, Hóu’s Black Powder.

5.3 TERMINOLOGICAL RIGOUR

A goal of applied terminology is to ensure the effectiveness of terms in the representation of concepts. ‘... [T]he unity between term and concept is considered an essential requirement of unambiguous communication, strengthened by definitions agreed by expert practitioners and the avoidance of synonyms’ (Hartmann & James 1998: 27). In modern LSPs, agreement not only on definitions, but also on choice of terms is part of a general ongoing process of terminology management. Agreement on definitions and term

choices may develop gradually, or it may be actively pursued through exchanges between experts arranged specifically for this purpose (e.g., the conferences held to agree on Latin anatomical terms) and through lexicographical activity (dictionaries, for example, help to standardise definitions and term usage).

Such are the concerns of modern terminology. They have certainly been fostered the growing size and complexity of terminology resulting from the scientific and technological boom over the last century, but in origin they are a product of the scientific method that pervades all modern knowledge. The notion that knowledge must be complete and able to account for every thing and every phenomenon characterises the roots of modern science: the nomenclature of anatomy and of all forms of organic life represent at once an act of classification and of naming. Furthermore, the scientific method, based on assumptions of verifiability of truth through repeatable experiment, continually seeks a community consensus on the understanding of any given phenomenon. With this, the community of any subject field or discipline naturally seeks a consensus in the linguistic expression of its concepts.

Chinese medicine differs from modern LSPs in that it traditionally had little concern for the unity of term and concept. The huge terminology that developed over two thousand years never prompted any efforts before the modern era to develop a systematic, integrated terminology. As discussed in Chapter 4 (Outline of Chinese Medicine), the reason for this is that Chinese medicine never developed a fully integrated knowledge system. Distinct, even conflicting, approaches to healing could coexist, without their proponents feeling any powerful urge to resolve their disagreements. New ideas rose and flourished, but they did not easily displace older ideas. As medicine in the West until only a few centuries ago, Chinese medicine looked back to the golden age of antiquity, and considered the early classics as the source of true medical knowledge. In this framework, linguistic concern was largely limited to the exegesis of these texts.

In modern disciplines, a major instrument of terminological management is terminography (terminological lexicography). Technical dictionaries not only define terms, they also indicate what terms are current or obsolete, and what terms are acceptable or faulted. They are essentially descriptive in that they reflect contemporary usage; but they also perform an important normative role by propagating the opinion of experts as to the best terminological use. In China, where lexicography has a long history, the medical world traditionally never perceived the need for a dictionary of Chinese medical terms. The first Chinese medical dictionaries appeared in the modern era, conspicuously as in response to the challenges of modern science. Xiè Guān (謝觀), who produced the first

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comprehensive dictionary of Chinese medicine, the *Zhōngguó Yīxué Dàcídiǎn* (ZYD, 中國醫學大詞典 “Comprehensive Dictionary of Chinese Medicine”), which was first published in 1921, saw in terminography the power “to establish a continuity of thought, preserve the essentials, and eliminate superfluities, nothing equals a dictionary” (續念舉要刪繁，莫如辭典). He was aware of a need for improvements in the relationship between concepts and terms; it is not clear whether he realised that terminography was not the only element required to achieve clear concise expression of technical concepts.

The terminographical effort started by Xiè has been continued profitably to the present day. The latest major lexicographical work is the 1995 *Zhōngyī Dàcídiǎn* (ZD, 中醫大辭典 “Dictionary of Chinese Medicine”), which contains nearly 32,000 terms (fewer entries than Xiè’s, and many differences in terms selected). Because of the epoch-relatedness of Chinese medical terminology, a considerable number of speciality dictionaries, such as those relating to the *Nèijīng*, *Shānghánlùn*, and warm disease (溫病 *wēn bìng*), have appeared. Furthermore, there are not only dictionaries of terms (詞典 *cí diǎn*), but also dictionaries of individual characters appearing in Chinese medical terminology (so-called 字典 *zì diǎn*, character dictionaries).

We should bear these considerations in mind when applying modern terminological standards to judge the efficiency of Chinese medicine or other traditional disciplines. Terminologists have devised a number of stringent guidelines for the selection and formation of terms. These bring to light on the one hand the high accuracy of Chinese medical terms and on the other the loose relationship between terms and concepts.

According to Picht & Draskau’s recommendations for the creation of terms (Picht & Draskau 1985: 114–117).

- | | |
|---|--|
| 1. the term must be well motivated | 6. the term should not contain superfluous elements |
| 2. the term must be systematic | 7. the term should be as short as possible without adversely affecting its clarity |
| 3. the formation of the term must be in accordance with the syntactic rules of the language | 8. the term should preferably not have synonymous, homonymous, or polysemous terms |
| 4. the term must be potentially productive of derivations | 9. the term should preferably not present orthographical or morphological variations |
| 5. the term must avoid pleonasm (tautology) | |

According to the ISO's requirements for the selection and formation of terms (ISO 1987: 12), terms should

- | | |
|------------------------------|--|
| 1. be linguistically correct | 4. permit, if possible, the formation of derivatives |
| 2. be accurate | |
| | 5. if considered for standardisation, they should also be monosemous |
| 3. be concise | |

Given the freedom from word-class restraints, the ease of combination, and the absence of inflections in the Chinese language, it would be virtually impossible to find any occurrence of linguistic incorrectness in Chinese medical terminology. Again, since Chinese is virtually free of restrictions on change of word-class and on word combinations, that the problem of productivity of derivatives does not arise. We are therefore concerned largely with the motivation and concision of terms, monosemy, and definition.

5.3.1 TERM MOTIVATION

A well-motivated term according to the ISO is one that reflects, as far as possible, the characteristics of the concept which are given in the definition (ISO 1987). Many technical terms survive even though their motivation is obsolete. Amongst skin diseases in Western medicine, there is a veritable host of terms that have virtually no literal meaning for present-day English-speaking physicians or laypersons: *pruritis, alopecia, eczema, furuncle, impetigo, herpes, tinea, phthiasis, keloid, vitiligo, paronychia, urticaria*. Such terms survive by convention, and possibly because their absence of lexical meaning in modern English at least ensures that they are not positively *ill*-motivated. In Western medicine, continuing dependency on Latin and Greek for the formation of new terms results in modern medical students having to learn a multitude of word-roots and affixes to be able to master their technical vocabulary: *pyel-, angi-, phleb-, chondr-, py-, ot-, blephar-, dacry-, oophor-, salping-, ul-, enter-, cholecyst-, myring-, cata-, -iasis, -oma, -malacia, -pexy, -rhaphy, -otomy*.

The language of Chinese medicine has nothing comparable with the burdens of classical Western medical terminology. It has neither the problem of dying motivation nor that of foreign vocabulary. Because Chinese has largely drawn on its own lexical resources for the formation of terms, and because most of the LGP vocabulary used in Chinese medicine has remained in current use and undergone little change in meaning, many Chinese medical terms are well-motivated.

Positively ill-motivated terms in the sense of a contradiction between literal mean-

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ing and the concept are comparatively rare. One might argue that 惡寒 *wù hán*, aversion to cold, is ill-motivated since it is usually explained as meaning a feeling of cold irrespective of whether the ambient temperature is low rather than a dislike of particularly cold environments. Similarly, one could argue that 半表半裡 *bàn biǎo bàn lǐ*, half exterior half interior, is a badly motivated term because it denotes not a condition in which half the signs are exterior and half are interior, but one arising when the disease is located in neither the exterior nor interior, but half-way between the two.

There may be quite a few terms that barely make much sense in themselves, which do make sense when viewed against a definition: 角弓反張 *jiǎo gōng fǎn zhāng*, lit. '[like] horn [or] bow back stretch', 'stretched backward like a horn or bow', opisthotonos; 盜汗 *dào hàn*, lit. 'thief sweating', night sweating; 裡急後重 *lǐ jí hòu zhòng*, lit. 'internal urgency and posterior heaviness', abdominal urgency and rectal heaviness. Some terms are poorly motivated if one is not aware of the allusions (e.g., 雀目 *què mù*, lit. 'sparrow vision', night blindness) or if one is unaware of an abbreviation (e.g., 二陰 *èr yīn*, lit. 'anus and external genitals', two yīn).

We might also mention the poor motivation of terms due to homophony. Homophony is endemic in modern spoken Chinese, and Chinese medicine, bearing many features of Classical Chinese, barely constitutes an exception. Nevertheless, homophones in Chinese are restricted to oral expression; in the written language, they are virtually all distinguished.

1000. 胃氣 *wèi qì*, stomach qì; 衛氣 *wèi qì*, defence qì

1001. 原氣 *yuán qì*, source qì; 元氣 *yuán qì*, original qì

1002. 浮脈 *fú mài*, floating pulse; 伏脈 *fú mài*, hidden pulse

1003. 脈急 *mài jí*, urgent pulse; 脈疾 *mài jí*, racing pulse

Rarer are terms that are distinguished in speech but not in writing:

1004. 中寒 *zhòng hán*, cold strike

1005. 中寒 *zhōng hán*, centre cold

Compounding as a result of phonetic attrition has had minor negative consequences. Certain near-synonym compounds such as 牙齒 *yá chǐ*, tooth, and 癱瘓 *tān huàn*, paralysis, have been defined by explaining that the component characters strictly speaking have different meanings.

The single most recurrent problem as regards term motivation is that, for various reasons, many terms are insufficiently specific, and as a result have been used as the

names for distinct concepts. This is the problem of polysemy, which is discussed in the next subsection.

5.3.2 UNITY OF TERM AND CONCEPT

Terminologists recognise that in the interests of efficient communication, one term should only denote one concept, and each concept should only be denoted by one term. In other words, polysemy and synonymy should be reduced to a minimum. In practice, a one-to-one relationship of all terms to the concepts they represent is never fully achieved. In Chinese medicine, the level of polysemy in particular is high. One report (Xǔ 1994) states that over 14% of Chinese medical terms are polysemous, while only 3% of Western medical terms have more than one meaning. It must be remembered that given the nature of Chinese medical theories, the diachronic dimension cannot be excluded as it is in Western medicine. Consideration of a wider range of texts and historical periods would probably increase the rate of apparent polysemy.

The polysemy or wide generalisation of term components such as 氣 *qì*, 陰 *yīn*, 陽 *yáng*, and 下 *xià* within the field of Chinese medicine means that even many compounds containing these words are polysemous. Since the first three of these characters are the three most commonly used in Chinese medicine, it is easy to imagine that this is not necessarily merely a minor problem area. For reasons the examples below will make clear, another focus of polysemy is terms containing numerals. In the examples below, ①, ②, ③... introduce different meanings of the Chinese term that are rendered differently in English; regular Arabic numerals introduce different senses of a term translated with a single equivalent.

1006. 產門 *chǎn mén*, birth gate: **1.** The vaginal meatus. **2.** The cervix of the uterus.

1007. 大氣 *dà qì*, great qì: **1.** Air. **2.** Ancestral qì. **3.** The qì of the larger channels. **4.** Evil qì.

1008. 內消 *nèi xiāo* ① internal dispersion: One of the three main methods of treating sores. It involves the use of dispersing and dissipating medicinals to eliminate sores in the initial stage prior to suppuration. ② internal dispersion[-thirst]: One form of dispersion-thirst (a disease characterised by thirst and emaciation).

1009. 七情 *qī qíng* ① seven affects: Joy, anger, anxiety, thought, sorrow, fear, and fright. ② seven relations: Seven relationships or interactions of medicinals, namely: going alone; mutual need; empowering; fear; aversion; killing; and clashing.

1010. 氣 *qì*, qì: **1.** Air, gas, vapor, flatus (e.g., *belching of putrid qì*). **2.** Smell. **3.** Aura. **4.** Environmental forces (e.g., *cold; dampness; dryness*, etc.) **5.** Nature, quality (e.g., the *four qì*). **6.** Anything of a particular nature (e.g., *yīn qì*). **7.** Breath (e.g., *shortage of qì* and *qì shortage*).

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qì; bowel and visceral qì; channel qì) that are described in terms of the following functions:

a) Activity: Qì is highly active; human growth and development, as well as all physiological activity and metabolism, are manifestations of the activity of qì. b) Warming: The temperature of the human body and the ability of the organs and tissues to perform their functional activities are dependent on the warming action of qì. c) Defence: Qì is the outer defence of the body and prevents evils from entering. d) Transformation: Production of blood and fluids, the distribution of fluids, and the conversion of fluids into sweat and urine are all the result of qì transformation. Implicit in this notion is the movement, or bearing, of qì. Qì bears upward, downward, inward and outward, carrying blood and fluids with it. Combinations of these four movements explain all movement in the body. e) Containment: Under normal circumstances, spillage of blood from the vessels is prevented by the containing function of qì. Hence it is said, 'Qì contains the blood'. This function also prevents excessive loss of fluids through over-secretion of sweat and other fluids or through excessive urination. **9.** Strength. **10.** Anger. **11.** Disease (e.g., *leg qì, mounting qì*), *plum-pit qì*. **12.** An abbreviation for diseases of qì (qì vacuity, qì stagnation), as appearing in the terms *qì block, qì constipation, qì foetus, qì tumor, qì cough, qì accumulation, qì vomiting*.

1011. 氣痰 *qì tán*, qì phlegm: **1.** Dryness phlegm. **2.** Cough and panting due to adversity in life. **3.** Plum-pit qì (globus hystericus).

1012. 胃氣 *wèi qì*, stomach qì: **1.** Activity of the stomach and the spleen in general. **2.** Stomach (and spleen) function as reflected in the appetite. **3.** The strength of the spleen and stomach manifesting in the pulse.

1013. 下氣 *xià qì* ① lower body qì. ② precipitate qì.

1014. 陰汗 *yīn hàn*, yīn sweating: **1.** Sweating in the 'yīn parts' (private parts, i.e., the genitals). **2.** Sweating due to yáng debilitation and yīn exuberance.

1015. 陰邪 *yīn xié*, yīn evil: **1.** An evil that is yīn in nature (cold, dampness). **2.** An evil invading one of the yīn channels.

1016. 陰證 *yīn zhèng*, yīn pattern: **1.** An interior, cold, or vacuity pattern. **2.** A pattern of cold due to right qì vacuity or of exuberant external yīn cold. **3.** A pattern in which a sore is characterised by a broad diffuse root and pale skin, without redness, swelling, heat, hardness, or pain.

1017. 三法 *sān fǎ*, three methods: **1.** The methods for dealing with the first, second, and third stages of diseases. **2.** Sweating, ejection, and precipitation.

1018. 五邪 *wǔ xié*, five evils: **1.** Wind stroke; summerheat damage; food, drink and taxation fatigue; cold damage; and dampness damage (*Nànjīng*). **2.** Vacuity evil, repletion evil, bandit evil, mild evil, regular evil (*Nànjīng*). **3.** Wind, cold, dampness, fog, and food damage (*Jīngguì Yàoliùè*).

Polysemy in some cases is attributable to disagreement as to the nature of speculative entities.

1019. 表裡 *biǎo lǐ*, exterior and interior: **1.** The outside surface of the body and to the internal organs. ‘Exterior’ in this context is sometimes referred to as the ‘fleshy exterior’ (肌表 *jī biǎo*). **2.** The ‘bowels’ (腑 *fǔ*, stomach, small intestine, large intestine, gallbladder, etc.) and the ‘viscera’ (臟 *zàng*, liver, heart, spleen, lung, kidney).

1020. 命門 *mìng mén*, life gate: **1.** Both kidneys. **2.** The space between the kidneys. **3.** The stirring qì between the kidneys. **4.** The root of original qì and the house of fire and water. **5.** The fire of earlier heaven or the true yáng of the whole body. **6.** In women the ‘birth gate’ and in men the ‘essence gate’.

1021. 血室 *xuè shì*, blood chamber: **1.** The uterus. **2.** The thoroughfare (*chōng*) vessel. **3.** The liver.

The lack of unity of term and concept is a major semantic weakness of the language of Chinese medicine. Chinese medicine has a history spanning over two millennia, and many earlier classics are still widely read to this day. Its continual evolution over this long period has naturally been reflected in terminological change. A basic corpus of terms have been used consistently in the same sense(s) over the centuries. But many terms have come and gone; many have changed in their meaning (and it is important sometimes to know when translating what the intended meaning is); some areas of terminology, such as diagnostics and methods of treatment, are highly variable in their forms and it is sometimes difficult to establish synonymy or nonsynonymy between terms.

5.3.3 DEFINITION

Because Chinese medicine has no terminographic tradition, the work of collecting terms from a vast corpus of literature together with their definitions has been left till the modern era. A major task of terminographers in any modern subject field or discipline is to show where synonymy exists and where it does not exist. In particular, terms that by their literal meaning appear to be synonymous must be shown to be exact synonyms or represent different concepts. In Chinese medicine, a distinction between synonymy and nonsynonymy is not always easily made.

The negative consequences of the traditional absence of dictionaries should not be exaggerated. Many terms of Chinese medicine are self-explanatory enough as not to require any definition (頭痛 *tóu tòng*, headache, 咳嗽 *ké sòu*, cough, 骨折 *gǔ zhé*, bone fracture). Other terms are adequately described in traditional literature, e.g., 陽明病 *yáng míng bìng*, yáng brightness disease, 霍亂 *huò luàn*, cholera, and 瘧疾 *nüè jí*, malaria. But

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some terms have never been clearly defined. The qualities of the pulse, for example, were often defined by metaphor. The slippery pulse (滑脈 *huá mài*) was defined as being ‘like pearls rolling in a dish’ (如磬走珠 *rú pán zǒu zhū*); the rough pulse (澀脈 *sè mài*) as being ‘like scraping bamboo with a light knife’ (如輕刀刮竹 *rú qīng dāo guā zhú*) or ‘like sick silkworms eating leaves’ (如病蠶食葉 *rú bìng cán shí yè*). Of course, the truth of such descriptions can only be intuited. Definitions of the pulses have never been standardised (Wiseman & Féng 1999).

In order to understand problems arising in the definition of terms, it is useful to examine how Chinese medical lexicographers have approached the problem of defining them in dictionaries. The purpose of a definition is to describe a concept as accurately and concisely as possible. We must bear in mind that a poor definition may be attributable to the defining abilities of the definer or to problems originating in the concept itself. Nevertheless, in the final analysis, concepts as well as their definitions are products of a culture, and assessment of Chinese medical terminographers’ definitions can to a certain extent help us to appreciate how clear and unclear Chinese medical concepts are.

Definitions are often classified by modern lexicographers as intensional, extensional, and contextual (Picht & Draskau 1985: 51). An *intensional definition* gives all the essential distinguishing attributes of the concept (e.g., *dysentery*: a disease characterised by blood and pus in the stool and tenesmus). It is generally considered ideal insofar as it covers all the extralinguistic referents. An *extensional definition* lists all the specific things denoted by the concept (e.g., *the five viscera*: the liver, spleen, heart, lung, and kidney). It is generally considered inferior to the intensional definition insofar as a complete list of objects covered would often be too long (e.g., fruit: apple, pear, carambola, litchee, longan, pomegranate, papaya, kumquat, wax apple. . .), and does not specify what characteristics unite the various extensions. A *contextual definition* is one in which the term is defined by way of an actual usage. The term to be defined is shown in a sentence the whole meaning of which is known or may be guessed (e.g., aircraft: “He went from Europe to America in 6 hours in an ~.” The contextual definition is the poorest because it presumes that the reader is familiar with the concept, and does not increase his knowledge, although as a complement to an intensional definition it can furnish useful examples of usage.

It has become standard practice in general and technical lexicography in the West to give each term an intensional definition as a bare minimum, and to add extensional definitions and examples of usage where deemed necessary. Chinese medical lexicography appears to be moving toward this approach, but is still some way from achieving it

completely. Although most terms are defined intensionally, extensional definitions are common, and, especially in the *ZYD*, one finds contextual definitions comprising quotations from *Nèijīng* in which the term appears. In addition, a number of terms are given faulty definitions and some are given no definition at all. Over recent years, attention has been paid to the problem of defining Chinese terms in the context of discussion about Chinese medical education (e.g., Wáng Z-T 1993). Effort is being made to bring definitions of Chinese medicinal terms in line with the principles of defining that modern lexicographers apply. Difficulties in achieving such an alignment are attributable to traditional habits of defining, to the nature of Chinese medical concepts, and to overestimation of the degree to which words are self-explanatory.

Intensional definitions have increased over the history of Chinese medical lexicography. In the 1995 *ZD*, 痢疾 *lì jí*, ‘dysentery’, is defined as “a disease characterised by abdominal pain, with frequent passing of small amounts of stool, tenesmus, and passing of stool containing pus and blood”; 霍亂 *huò luàn*, ‘cholera’, as “a disease characterised by sudden acute vomiting and diarrhoea with gripping abdominal pain,” and 瘧疾 *nüè jí*, ‘malaria’, as “a contagious disease characterised by intermittent shivering, high fever, and sweating.” These definitions, though somewhat modern in flavour (e.g., *high fever*), reflect characteristics by which these diseases were traditionally diagnosed. The *ZYD* gives a clear intensional definition for *dysentery*, but defines the other two by a quotation from the *Nèijīng* in which the terms appear. Similarly, methods of treatment such as 潤肺化痰 *rùn fèi huà tán*, ‘moisten the lung and transform phlegm’, 利氣 *lì qì*, ‘rectify qì’, and 補血 *bǔ xuè*, ‘supplement the blood’, which are defined intensionally in recent dictionaries, do not even appear in the *ZYD*.

Extensional definitions are numerous. They are commonly observed in the many Chinese medical terms that include numerals, such as 七竅 *qī qiào*, the ‘seven orifices’. This particular example shows how an extensional definition can avoid a difficulty in writing an intensional definition. The seven orifices are normally taken to mean the two eyes, two ears, two nostrils, the mouth, anterior yīn (urethra), and posterior yīn (anus), all of which, with the eyes possibly as a partial exception, can be understood as ‘orifices’. Nevertheless, the *Língshū*, *Mài Dù* (靈樞 · 脈度) also uses the same term to denote the two ears, two eyes, two nostrils, mouth, tongue, and throat. Here the notion of the ‘tongue’ as an ‘orifice’ is more difficult to understand, since the literal meaning of orifice clashes with the objective meaning. An intensional definition of ‘orifice’ that explained the meaning clearly while remaining within the traditional Chinese medical frame of reference would be virtually useless (“any of a variable set of body parts considered as openings”?). The

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extensional definition, by contrast, establishes a general pattern of denotation in the relationship between the literal meaning of 竅 *qiào* and referential meanings of the extensions (the ears, nostrils, and anus are all holes) that enables the reader to accommodate the exception (the tongue as an ‘orifice’) by his own powers of abstraction, without tedious explanation. Another classic example is the extension definition of the 五臟 *wǔ zàng*, ‘the five viscera’, and 六腑 *liù fǔ*, ‘the six bowels’. Dictionaries do quote the *Huángdì Nèijīng Sùwèn*’s intensional distinction, “The so-called five viscera store essential qì and do not discharge waste. Thus they are full (solid), but cannot be filled. The six bowels process and convey matter, and do not store. Thus they are filled, yet are not full (solid).” Nevertheless, these intensional hints would not enable readers to identify the organs of either class with any unanimity. The lung is not a solid organ, and is repeatedly filled with air.

The widespread use of extensional definitions reflects the nature of Chinese medical concepts. The same is true of contextual definitions. The term 腎開竅於二陰 *shèn kāi qiào yú èr yīn*, ‘the kidney opens into the two yīn’, only appears in *SYCD* (1975) and *ZYCS* (1983), and in both it is given a contextual definition for the obvious reason that while the kidney has a direct ontological relationship with the anterior yīn (the opening of the urethra), it has only a functional relationship to the posterior yīn (the anus). An intensional definition of the term reflecting all the elements of the term and its significance would be difficult.

Definitions that would be considered defective by modern lexicographical standards continue to appear, although with decreasing frequency, as lexicographers become aware of the pitfalls. Definitions that are excessively restrictive, circular, or that do not ensure sufficient differentiation of one concept from others are to be found in all the main dictionaries of Chinese medicine.

A *circular definition*, that is, a definition which includes the definiendum, is one kind of definition ideally to be avoided. This is seen in 耳癢 *ěr yǎng*, ‘itchy ear’ (lit. ‘ear itching’), which, in the dictionaries that include the term, is given a circular definition that involves explaining 癢 *yǎng*, ‘itching’, as 奇癢 *qí yǎng*, ‘strange itching’, whereby the addition of the word ‘strange’ merely averts attention away from the fact that ‘itching’ is defined as ‘itching’. Similarly, in Xiè Guān’s definition of 眩暈 *xuàn yūn*, ‘dizziness’, as 頭目昏眩而暈厥 *tóu mù hūn xuàn ér yūn jué*, both 眩 *xuàn*, ‘dizziness of the eyes’, and 暈 *yūn*, ‘dizziness of the head’, appear in the definition. This kind of circularity, more often seen in clinical and pedagogical texts, has been criticised (Wáng 1993), not entirely without justification, although it is easy to forget that it is rooted in the Chinese

speech habit of identifying a character among multiple homophones by commonly used character combinations. The difference between specifying a sense of a word and defining a word in one or more of its senses is finely drawn. Furthermore, since most Chinese medical dictionaries are to a greater or lesser degree encyclopedic, the reason for including terms is to give practical information about the concepts they represent. The circularity in the definition for ‘itchy ear’ is largely irrelevant since the clinical information about associated symptoms, causes, and methods of treatment is actually much more important for most readers.

An *excessively restrictive definition* is one which does not cover all the extensions of a term. Defining 氣鬱 *qì yù*, qì depression, as “depression due to constrainedness among the seven affects” (1995 ZD), quite apart from introducing a circularity (defining depression as depression) and failing to define all components of the term (qì is not accounted for in the definition), is an excessively restrictive definition in that it fails to reflect the fact that ‘qì depression’, is often used in the sense of qì stagnation due to causes other than emotional disturbance. Defining 產門 *chǎn mén* as the “external opening of the vagina” (1995 ZD) would not appear to apply in all contexts. Zhāng Jiè-Bīn, for example, appears to use the term in the sense of cervix, since he says, “Below the uterus is a gate that in women can be felt with the hand and which is commonly called the birth-gate” (Zhāng J-B). An excessively restrictive definition of this kind may be the result of failure to analyze the meanings of terms in multiple contexts; it may be motivated by the need to save space or by the desire to enhance the image of Chinese medical concepts by giving them a specificity they do not actually have.

There are also *incomplete definitions*, which fail to demarcate concepts adequately. In the ZD 1995, 鼻蠶瘡 *bí nì chuāng*, invisible-worm sores of the nose, and 鼻蠶 *bí nì*, invisible worms in the nose, are given as synonyms for 鼻疳瘡 *bí gān chuāng*, gan sores of the nose, at these entries. At the entries of these two synonyms, instead of references to *bí nì chuāng* as one might expect, there are definitions that are similar but not identical to the definition of *bí nì chuāng*. Problems of this nature are most likely attributable to the use of multiple sources amongst which there is disagreement over the definition and hence over the synonymy of terms. Chinese medical terms often lack objective definitions or definitions generally accepted by the medical community as a whole, and when they do, the only definition possible is the one offered by the original author of the concept.

This insufficient clarity in the system of definitions affects a number of commonly used terms. What the exact meanings of 喘 *chuǎn*, panting, 喘促 *chuǎn cù*, hasty pant-

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ing, 喘逆 *chuǎn nì*, panting counterflow, 短氣 *duǎn qì*, shortness of breath, 少氣 *shǎo qì*, shortage of qì, and 氣少 *qì shǎo*, qì shortage, and is not clarified by any of the dictionaries examined. The same problem applies to 水腫 *shuǐ zhǒng*, water swelling, 浮腫 *fú zhǒng*, puffy swelling, 氣腫 *qì zhǒng*, qì swelling, 虛腫 *xū zhǒng*, vacuity swelling, and 虛浮 *xū fú*, vacuity puffiness. Insufficient definitions are essentially ones that are not complete. A high proportion of disease definitions comprising manifestation and causes tell us that the disease is “usually caused by X” without describing less frequent causes. Unclear definitions conform to a traditional tendency observed among medical writers not to consider the problems of decoding a written text created by faulty encoding. It seems always to have been taken for granted that the reader must rely on personal experience and intuition (for example, the Hàn Dynasty dictionary *Shuō Wén Jiě Zì* (說文解字 “Elucidation of Simple and Complex Graphs”) defines 疫 *yì*, epidemic as being when “the people are all sick” 民皆病 *mín jiē bìng*).

A good number of terms are left undefined in all the dictionaries examined. This is presumably due to their assumed self-explanatoriness. Compound terms comprising the names of signs such as 痛 *tòng* ‘pain’, 酸 *suān* ‘aching’, or 脹 *zhàng* ‘distention’ with the names of the affected body part are often simply left undefined, and as stated, these symptom names are usually not defined in separate entries. The modern lexicographer’s principle that even self-explanatory terms should be defined rests on the notion that all self-explanatoriness is often illusory and hence vulnerable to scrutiny. Although a difference in meaning between 痛 *tòng*, ‘pain’ and 酸 *suān*, ‘aching’ or ‘soreness’, that is of diagnostic significance is consistently reported by native speakers of Chinese, it is not made explicitly clear in dictionaries. (The fact that these terms pose translation difficulties may constitute further evidence that they require definition.) Of course, as has already been stated, many terms are included to furnish the reader with practical information rather than a fairly obvious definition. Nevertheless, this is to neglect the user difficulties. Some terms left undefined pose the problem of incongruence between literal meaning and denotative meaning. While the term 四肢 *sì zhī* literally means ‘four limbs’, it is often used to denote simply ‘limbs’, and the compound 四肢痛 *sì zhīòng*, lit. ‘four limb pain’, denotes pain in one or more of the limbs (not limited to humans who have a full complement of limbs). The same phenomenon is observed in 內傷七情 *nèi shāng qī qíng*, lit. ‘internal damage [by the] seven affects’, where in actual fact the term may denote internal damage by one or more of the seven affects, rarely in practice by all seven at once.

The systematic attempts in the 20th century to define terms are invaluable in help-

ing students of Chinese medicine understand the various uses of terms. We should not conclude from this that the vocabulary of Chinese medicine is a systematised terminology in any modern sense. Rather, we should understand Chinese medical ‘terminology’ to be an LSP vocabulary that has developed to some extent in the same haphazard way as the LGP vocabulary develops in any language. The viability of the spoken LGP, with its vagueness and ambiguity by which its finiteness achieves almost infinite adaptability, is largely supported by the common experience among interlocutors of some objective part of reality. The written language, as a secondary use of language, is inherently designed for communication over distances in space and time. The written word encounters its greatest test when the reader is located centuries or millennia in time after the message was written, and no longer shares exactly the same version of the language code or even the same basic experience of reality as the writer. In a knowledge tradition such as Chinese medicine, students, practitioners, and scholars constantly have need to read ancient texts. They also constantly use terms that appeared at different times over the two millennia of Chinese medical development. The traditional absence of terminography precluded the development of practices aiming to clarify terms in such a way as to eliminate chance interpretation by later readers or users. The Chinese medical scholar of every generation has, to a greater or lesser extent, been faced with the task of teasing meaning out of statements by previous generations. The development of terminography in Chinese medicine, insofar as it is descriptive rather than prescriptive, is of great help to the development of foreign-language equivalents of terms.

5.4 CONCLUDING REMARKS

Although terminology observes a number of different term-formation methods, Chinese medical terminology is mostly comprised of a) LGP words used in their LGP sense, b) words used in extended senses, and c) combinations of various kinds.

Chinese medicine deals largely in gross entities such as body parts and major internal organs known to the layman. The LGP terms denoting these entities are among the most commonly occurring words in Chinese medical terminology. The systems of correspondence explaining the relationships between phenomena mean that quite a number of LGP terms have greater technical connotations than they have in the LGP (colours, flavours, etc.).

Metaphor is used extensively. As in Western medicine, it provides a way of naming body parts which are only the concern of specialists. Given the Chinese medical focus on function rather than anatomical structures, however, it is more commonly used in the

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naming and description of functions. Many of the metaphors are therefore of a functional rather than a formal nature. A large number of formal metaphors are also systematic. Many functional and systematic metaphors are from the human realm, and used in the naming of physiological entities and functions and descriptively to describe symptoms and treatment procedures. Because metaphor is frequently used for both descriptive purposes and denominative purposes, because it is used for the naming of physiological entities and description of functions and relationships, in the speculative realm, and because much of it functional/systematic rather than formal, it is of great importance in contributing to our understanding of a concept and, as suggested in Chapter 4, and possibly even to the birth of the concept in the first place.

The most productive method of term-formation in Chinese medicine, as indeed in most terminologies, is compounding and combining. In the terminology of Chinese medicine, combinations are not restricted to noun phrases as they tend to be in Western medicine, but can take a variety of forms, including phrases with verbs used in an active sense.

The analysis of terminology in this chapter has repeatedly shown that in the terminology of Chinese medicine the individual character-word usually constitutes the basic unit of meaning. Exceptions to this are classical reduplications and semireduplications, and post-classical synonym compounds originally arising from phonological attrition. We saw how this last phenomenon required adjustment of the modern terminological notion of abbreviation to abbreviation/expansion.

These various aspects of term-formation have a bearing on the question of translation. Firstly, the distinction between zero referential change with connotative enlargement and extended sense is of great significance in determining what method of translation is used. The significance of the distinction became apparent in the translation of Western medical terminology in Chapter 3, and has been emphasised by Unschuld in the context of Chinese medical translation. Secondly, the fact that many everyday stative and active verbs used in their LGP sense have LSP-connotations (e.g., colour words, flavour words, and terms describing pulse conditions) creates problems in translation because of their often poor lexical correspondence in English and the failure of translators to recognise the LSP content of these (see 6.2.10). Thirdly, the discussion of semantic extension has shown that metaphor is not merely a linguistic device, but has great cognitive significance. In the realm of naming of speculative concepts and description of functions and therapeutic actions, metaphor provides the key to understand the concept, and should therefore ideally be transferred in translation. Fourthly, the various combinations of Chinese medical

terms are not confined to noun phrases as most of the terms in modern disciplines are, but take a variety of forms.

Finally, terminological rigour has a bearing on translation. Chinese medical terms are largely well-motivated, but are found lacking on the counts of unity of term and concept and of clarity of definition. Wherever the concept is in anyway unclear, translation must be semantic to be accurate, and terminological distinctions in the SL should be retained as far as possible in the TL. Insofar as explicit or contextually implicit definition is absent, the semantic meaning of the term constitutes the basis for understanding the concept. The traditional disregard for the relationship between concepts terms, as manifest in the lack of unity of term and concept, in the absence of terminography, and in the pervasive problem of poor definition, suggests that a firm division was never made between term and concept. Students of Chinese medicine understood terms in context, against the background of their wider understanding of medical thought. This dissimilarity of Chinese medical ‘vocabulary’ to a stringent modern scientific or technical ‘terminology’ offers a possible explanation why Western translators, particularly those lacking adequate linguistic access to primary sources, may have the impression that there are only a few Chinese technical terms that can be considered real ‘terms’, whose translation is worthy of discussion (I shall discuss Porkert’s and Maciocia’s narrowing of the range in the following chapter). At the same time, disunity of term and concept, poor definition, and speculative concepts also suggest the conclusion that the term is the consistently most reliable element in the semantic triangle, and hence the soundest basis for translation.

In both term formation and in terminological rigour, the features evinced by Chinese medical terminology all argue in favour of source-oriented translation. Furthermore, the variability terms in certain fields argues in favour of systematic rendering of core terms that form the elements of compounds, so that terms can be modulated to serve different grammatical functions. The same procedure makes it possible to replicate the great variety of descriptive terminology.

Translators of Western medical terms, we recall, have adopted a source-oriented approach even though the existence of explicit definitions for all concepts theoretically relieves them of the necessity to do so. In Chinese medicine, by contrast, the transfer of the semantic meaning of the term is theoretically important insofar as explicit definition is unavailable. In Western medicine, we have seen efforts to choose better TL terms where SL terms are poorly motivated. In Chinese medicine, the basis for improving terms is often lacking.

CHAPTER 6

THE TRANSMISSION AND TRANSLATION OF CHINESE MEDICINE

What portion of a knowledge corpus is transmitted from one culture to the other, and how accurately it is transmitted depends how the recipient community values the knowledge and how much prestige it accords to the lending community and its language. Translation is an important element in the successful transmission of a knowledge corpus, yet how much translation is performed and how well it serves as a bridge for the accurate transmission of knowledge is entirely dependent upon these wider factors. We must therefore first of all investigate the motivation of the recipient community and its expectations of Chinese medicine.

In the first section of this chapter, I shall briefly outline the recent history of transmission of Chinese medicine to the West, paying particular attention to the motivation factor. In a second section, I shall examine and compare a number of different approaches to Chinese medical term translation, showing how some of these reflect extralinguistic factors hampering the process of transmission.

6.1 THE WESTERN RECEPTION OF CHINESE MEDICINE AND THE SOCIOCULTURAL FACTORS INFLUENCING IT

6.1.1 HISTORY OF TRANSMISSION

According to Paul U. Unschuld (1998: 93–96), the West first heard reports of medicine in China through the writings of William of Rubruk and Marco Polo, but it was not until the 17th century that it learned any detail. Jesuit missionaries visiting the peripheral regions of the Chinese sphere of influence became interested in not only the practical, but also the theoretical and philosophical aspects of Chinese healing practices. They were the first

to tell the West of acupuncture and moxibustion. At this time, however, Europeans were less attracted to the therapies of the Far East than to the Chinese art of pulse-taking. The first original Chinese text to appear in a European language was a translation of the *Mài Jué* (脈訣 “Secrets of the Pulse”), which was published in French in 1671. In the 18th century, descriptions of Chinese medicine continued to reach Europe, but they often met with scepticism. This changed when European physiologists in the early 19th century began to investigate electricity as a possible answer to the secret of life and lighted on the idea that electricity might also explain the effects of acupuncture on the body. The idea prompted the first experiments with electroacupuncture, but the reports that resulted from these, while suggesting that acupuncture might be effective for pain relief, failed to provoke any wide or sustained interest.

In the twentieth century, more detailed descriptions of Chinese medicine began to appear. The most notable figure is Georges Soulié de Morant, who during his 22-year stay in China in the French diplomatic service learned the art of acupuncture from eminent Chinese physicians, and with his excellent knowledge of Chinese read widely on the subject. Soulié de Morant presented his deep understanding in a five-volume work entitled *L’Acupuncture chinoise*, the last two volumes of which were compiled from his notes by his lifelong collaborator, Thérèse Martiny, after his death in 1955 (Soulié 1994). Apart from his detailed descriptions of Chinese medicine, the theory and practice of Chinese acupuncture, Soulié de Morant’s contribution to the development of acupuncture in the West lay in his attempt to bridge the divide between Western and Chinese medicine. He was the first to interpret qì as energy, and speak of a systematic-functional approach in Chinese medicine.

In the 1950s and 60s, physicians such as Roger de la Fuye, Erich Stiefvater, and Felix Mann were attracted by Chinese medicine. But it was not until the 1970s that the greatest ever wave of Western interest in Chinese medicine began. One reason for the new interest, as Paul Unschuld explains, lay in new evidence for the pain-relieving effects of acupuncture. Chinese experiments in the analgesic effects of electroacupuncture in surgical operations, which were given sensationalised media coverage after they had been witnessed by Richard Nixon’s personal physician during the US President’s historic visit of 1972 that reopened communication between China and the West, triggered scientific experimentation by Western scientists. Initial studies suggested connections between acupuncture analgesia and the effects of endogenous opioids, which made engagement in the scientific experimentation of acupuncture respectable (Unschuld 1998: 111).

6.1.2 INFLUENCE OF WESTERN MEDICAL AND SCIENTIFIC THOUGHT

Western medicine exerts a powerful influence over the westward transmission of Chinese medicine, because it is the dominant medicine not only in the destination area, the West, but now also in the East. In Chapter 4, (4.4, Chinese Medicine in the Modern Era), I spoke of the influence of Western medicine in the modern teaching and practice of Chinese medicine in China. Efforts to objectify Chinese medical theory are the natural outcome of Chinese medicine's having been relegated to second place in China. Hand in hand with this is the notion that an improved form of Chinese medicine that is closer to Western medicine would be more acceptable to Westerners than Chinese medicine in the raw. This explains why the main drive to use Western medical terminology to represent traditional Chinese medical concepts should come from the Chinese (which will be substantiated in the next section (6.2)).

The influence of Western medicine in the West is far more discrete. On the one hand, it is less in evidence because Western interest in Chinese medicine stems largely from dissatisfaction with Western medicine rather than from a desire to convince the scientific community of its validity. On the other hand, the scientific outlook feeds Westerners with assumptions that Chinese medicine is a highly integrated field of knowledge like any branch of Western learning. It also provides the default terminology where translation does not take place. Some evidence for these hypotheses will come to light in 6.2.

6.1.3 COMPLEMENTARY HEALTH CARE AS THE MATRIX OF ADOPTION

The scientific respectability of research in acupuncture has undoubtedly been one of the reasons for the popularity of acupuncture. Nevertheless, a more fundamental reason is to be found in acupuncture's being identified as a possible alternative or at least as a complement to Western medicine. In the 1960s, a certain segment of Western society began to lose faith in scientific medicine and turn increasingly to alternative therapies. The reasons for complementary-health boom are generally agreed both by their proponents and by their opponents (even though the latter do not consider it as a real justified need). Biomedical treatments are often experienced as harsh and invasive, having side-effects that can sometimes create as many health problems as they solve. The great advances of Western medicine have increasingly been won through reliance on complex technology, increasing specialisation in which personalised care is difficult to provide. The care of a single physician has given way to procedures of patient 'management' involving many

specialised workers, many of whom the patient never even comes in contact with. Antibiotics that create resistance, chemotherapy and nuclear medicine, abortion, and maintenance of life after brain death all evoke the fear, now encountered in so many aspects of our lives other than medicine, that the science and technology are getting out of control.

An increasing segment of society views Western medicine as acting forcefully against nature and failing to care for the whole patient, and has turned increasingly to complementary medicines perceived to possess the qualities of naturalness and holism felt lacking in Western medicine. Complementary medicines such as homeopathy, aromatherapy, herbalism, Bach flowers, the Alexander technique, and not least acupuncture and Chinese medicine, share the common trait that they are deemed by their proponents to work gently through the power of nature and with minimum human intervention, and to take care of the whole patient instead of looking at an isolated laboratory report.

The insertion of Chinese medicine into the Western array of health-care options in the late 20th century has to a large extent been contingent upon its ability to be perceived as a 'soft' therapy, applied by practitioners who fulfill the role of holistic healer. Among the complementary-health therapies available, there are huge differences. There are very old medicines such as Chinese medicine, and relatively new ones such as Bach flower therapy. There are allopathic and homeopathic approaches to treatment. There are treatments that require ingestion of substances and others that only touch or even scent. Yet despite these huge differences, proponents of these therapies all espouse similar ideals of naturalness and holism.

The perception of Chinese medicine as natural, holistic therapy would, arguably, have not been possible had it not been for the Western focus on acupuncture. Ostensibly, the therapy of needles, according to traditional explanations, achieves its effect by adjusting the flow of qì. By this subtle intervention in an intangible aspect of the body's functioning, pathological imbalances can be corrected in order to bring about major beneficial effects that reach into the deepest functional centres of the body, the internal organs. So far as we know, acupuncture introduces nothing into the body that remains in it after the treatment. It is a direct intervention in bodily function that occurs without any physical medium such as that of an ingested drug. Hence, it can be perceived as a soft therapy par excellence.

When we look closer into the nature of complementary therapies and in particular Chinese medicine, we find that they are not quite as natural and holistic as their proponents would wish. When we look closer into the transmission of Chinese medicine,

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a tendency to define Chinese medicine as natural and holistic has prevented Westerners from understanding the true nature of Chinese medicine.

Evidence exists that these qualities do not characterise these complementary exactly, and that they are actually desiderata rather than actualities (Vickers 1998). Criticism of complementary therapies' self-characterisation in the past came from outside the complementary medical professions (Coward 1989; Unschuld 1992). It is noteworthy that *Examining Complementary Health*, edited by Andrew Vickers reveals that such criticism is also arising from within many of those professions.

If the self-characterisation of complementary medicines is flawed, then any influence that it exerts in the transmission and reception process may shape the scope and content of what is presented to Westerners as Chinese medicine. I intend to show that the perception of Chinese medicine as a natural and holistic complementary health therapy has created a bias toward a target-oriented reception of Chinese medicine insofar as it has encouraged adaptation and target-oriented translation rather than a straightforward presentation of China's traditional medicine by source-oriented translation.

The concepts of naturalness and holism believed to underlie all complementary therapies can be defined in different ways, and, however they are defined, they do not apply exclusively to complementary therapies (Peters 1998). Complementary therapies use medications that are typically derived from simply processed vegetable, mineral, or animal sources, but what the patient receives, in pharmacological terms, is usually a complex blend of substances that potentially can act on the body at different sites and through different mechanisms. The overall effect on the body is gentle and diffuse and does not provoke resistance in microorganisms. Nevertheless, it would be wrong to say that all such products are safe and gentle (Campbell 1998). The notion that 'natural' is 'desirable' and the assumption that Mother Nature is gentle and benevolent do not withstand scrutiny, and their attraction clearly lies in industrialised society's alienation from the natural world. The ills of industrialisation are continually brought to our attention through media reports concerning pollution, deforestation, global warming, and the extinction of species. While destruction of the environment is an inescapable and lamentable fact, it is not in itself a basis for specific judgements about particular therapies.

The belief that complementary therapies, in contrast to Western medicine, are holistic has been criticised on a number of accounts. Different things are meant by the word *holism*: treatment of a sick person, as opposed to treating a disease; treatment of causes rather than symptoms; addressing spiritual, mental, and emotional needs as well as a physical problem; preventing disease rather than curing it. By none of these criteria are com-

plementary therapies exclusively holistic, nor do they have an exclusive claim to holism: complementary medical treatments are very often symptomatic (Stevensen 1998); the analysis of spiritual, mental, and emotional problems in some complementary therapies is simplistic (Peters 1998); and Western medicine has a better record than any other for disease prevention (Peters 1998). Furthermore, it is not superfluous to the present context that although Western medicine may lose sight of the whole, individual patient in practice, its theoretical bases are highly integrated (that is, holistic in yet another sense) in spite of the growing complexity of the multiple sciences on which it is founded.

The notion of body-mind unity is a prominent aspect of holism in complementary therapy and, as David Peters (1998) has said, it has intermingled with approaches to psychotherapy, with ‘personal growth’, and with practical spiritual traditions deriving from the East, such as yoga, qìgōng, and meditation. Protagonists of psychospiritual practices view them as providing keys to personal growth and levers for social transformation and cultural change; opponents say they only confuse the debate about possibly useful therapies by surrounding them with quasi-religious superstition and mysticism.

Closely related to the belief in nature is the notion that natural therapies are rooted in a long, even timeless tradition (Coward 1989; Vickers 1998; Campbell 1998). Coward (1989: 37) has argued that the belief among complementary health-care proponents that practices and substances used by people from underdeveloped, nontechnological societies are natural and beneficial because such people are closer to nature than people of modern technological societies goes against the modern anthropological view of nontechnological societies as being highly complex cultural, political, and religious structures. Such societies, she argues, are “the repositories for all kinds of fantasies and projections which have little or nothing to do with how those people live or lived” (Coward 1989: 38). Andrew Vickers (1998) and Anthony Campbell (1998) both argue that even therapies of modern origin claim an ancient precedent or to have been originated by a founding father possessing near-superhuman wisdom or insight. Saul Berkovitz (1989) has demonstrated that the life of Edward Bach (pronounced ‘batch’), the founder of a therapy using flowers, has been deliberately mythologised to win supporters. Campbell (1989) comments that while proponents of complementary medicines are anti-authoritarian (in their opposition to Western medicine), the founding fathers of complementary medical systems have nearly always been strongly authoritarian.

The view has been expressed that while complementary therapies are said by their proponents to be rooted in some ancient tradition, they are also felt to respond to a post-

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modernist belief that the world cannot be understood in terms of a single framework and that technological advance does not bring progress (Peters 1998).

A further characteristic of complementary medicines is that many of their proponents believe in a subtle life force or energy (Wood 1998). This notion is seen in the Chinese concept of *qì*, and in the Indian *prana*, but is also viewed as being present in all natural substances. Nevertheless, Clive Wood states that the notion is not clearly defined, and quotes Stanley Jacobs's assertion that the single word energy is used to mean on the one hand the physicist's concept of energy and on the other an entity that springs "from our own immortal unchanging self, that center of pure consciousness, knowledge and bliss." Wood points out that the life force has never been isolated and attempts to do so (as through Kirlian photography) have failed to produce conclusive evidence. He suggests that the belief in the vital force partly hangs on its being conceived as something that precludes the design of any empirical, falsifiable experiments to explore its nature further, and hence the vital force, or subtle energy, has more in common with a religious belief than a physical principle. Of bioplasma, one substantiation of the vital force that has been posited, Wood says (1998: 118) that it "has great appeal because it brings together ancient ideas of healing and modern quantum physics—currently a very popular mixture for complementary therapies seeking orthodox acceptance."

Most of the authors contributing to *Examining Complementary Medicine* (1998) are at pains to point out that complementary health-care circles are averse to the kind of criticism and scepticism that is usual in academic fields. In the Introduction, the editor, Andrew Vickers, argues that complementary medical literature offers many treatments based on unsubstantiated claims, and that referencing to scientific literature is only ever used to justify positive evidence for their treatments, never negative evidence against them. He suggests that complementary medicines have suffered because they are taught in private schools, cut off from the fertile source of creative and critical thinking of mainstream education. He also argues that because practitioners tend to work alone, they miss the advantages of group interaction and discussion, and they hide in a cosy isolation that protects them from any challenges to their beliefs. Furthermore, it forestalls research that could substantiate claims to therapeutic effectiveness.

The belief in naturalness, holism, body-mind unity, personal growth, and timeless tradition has a strong and widespread following among proponents of Chinese medicine, particularly noticeable in Seem & Kaplan 1989 and in Beinfeld & Korngold 1991, and less conspicuous but none the less present in Kaptchuk 1983 and Maciocia 1989. I include

a quotation from Harriet Beinfield & Efrem Korngold's work *Between Heaven and Earth*. In just a few paragraphs, it evokes most of the central tenets of complementary health care.

Subtle yet palpable, my initial encounter with acupuncture left me tantalized by mystery and promise. Mystery, in that tiny needles could extend my field of awareness and completely alter the state of my being. Promise, in that by burrowing into the conceptual soil of this system, I could deepen my own self-understanding.

As the daughter of a surgeon and granddaughter of two surgeons, my early life was steeped in the cauldron of medicine, brewed over several generations. Enthusiasm for healing was contagious, and I became infected. As a child I was impressed by father's devotion and satisfaction. He rushed to the hospital day or night to operate on a man lacerated in a motorcycle accident or a child threatened by a ruptured appendix. Lives would have been lost without his heroic intervention.

The role of doctor and the appeal of medicine came naturally—but why Chinese medicine? The ideology of Chinese medicine immediately captivated me by its stark contrast to the perspective of Western medical science. I had never been comfortable thinking of myself in my father's language of electrolytes and blood-gas ratios, a collection of quantities and statistics. The Chinese medical vocabulary contained metaphors from nature like *Wood, Fire, Earth, Metal, and Water, Heat, Wind, and Cold*. This cosmological description of human process confirmed what I knew intuitively to be so—that what moves the world outside moves within me—that subject and object are two aspects of one phenomenal world. As peculiarly outside my cultural context as it was, Chinese medicine felt familiar. What enticed me even more than my sense of continuity with family tradition was the affinity I felt with its concepts, and I wondered if the ancient wisdom embedded within its construction of reality could untangle some of our modern predicaments.

When Efrem and I were first introduced to acupuncture at a seminar at Esalen in spring of 1972, there was tremendous upheaval in the world. The Chinese were in the midst of a cultural revolution, and so were we. During the sixties the concerns that I wrestled with were more social than medical. Many of us were seeking to antidote the toxicity of racism in the American social body and heal the wounds inflicted by a decade of violence in Vietnam. I struggled to understand and reconcile how Western civilization, having achieved some outstanding accomplishments, could so often contribute to rather than alleviate human suffering. How could it perpetuate vast environmental insult and the threat of nuclear disaster and yet be building a better future?

To remake the world it seems we needed to rethink it. After all, solutions depend on how problems are framed, the context within which they exist. At issue for me

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was in part how we defined reality—and the reality assumed by Chinese medicine made sense.

Chinese medicine echoes the logic of quantum physics, which suggests that we exist in a relative, process-oriented universe in which there is no “objective” world separable from living subjects. The essential questions cannot be resolved by measuring static “things”; rather, answers become stories about interactions and relations. Within this paradigm contradictions are not only sanctioned but prevail, and truth is purely contextual. In contrast with our conventional Western tendency to draw sharp lines of distinction, Chinese thought does not strictly determine the boundaries between rest and motion, time and space, mind and matter, sickness and health. Chinese medicine transcends the illusion of separation by inhabiting the reality of a unified field, an interwoven pattern of inseparable links in a circular chain.

Beinfeld & Korngold 1991: 3–4

This passage clearly relates Chinese medicine to ills of the modern world beyond confines of Western medicine, and is viewed by the authors as being part of a wider agenda. Note the highly emotive tone of the text (“... left me tantalized by mystery and promise,” “what enticed me even more...,” “steeped in the cauldron of medicine...,” “I struggled to understand...”).

It is interesting to note that although modern presentations of Chinese medicine in Chinese, such as the *Zhōngyīxué Jīchǔ* (中醫學基礎 “Fundamentals of Chinese Medicine”), *Zhōngyī Jīchǔ Lǐlùn* (中醫基礎理論 “Basic Theories of Chinese Medicine”), and *Zhōngyīxué Gàilùn* (中醫學概論 “Introduction to Chinese Medicine”), describe Chinese medicine as being holistic so far as the relationship between the body and environment, and body and the emotions are concerned, the Chinese authors neither give these notions the prominence they are often given in literature of Western authorship, nor do they mention naturalness as a fundamental feature. As far as I know, no Chinese text claims, as Beinfeld does, that an individual can achieve self-understanding through acupuncture.

It is of note, as Paul Unschuld has pointed out, that concern for the kind of holism dear to adherents of complementary health therapies in the West is not found in China, at least not for the time being in the PRC. As the Chinese stride out decades of technological backwardness, it is scientific medicine that they see to be the most promising. What is experienced in the West as an ecological crisis, is for the Chinese a set of technical problems for which technical solutions will have to be found. The use of chemistry and technology in diagnosis and therapy evoke not fear, but hope.

I would contend that Chinese medicine can be said to have these attributes only

if facts are ignored. As to naturalness, acupuncture may be considered natural in that it appears to achieve its effect by stimulating the body to correct its own imbalances, but, as has been pointed out (Campbell 1998), there is nothing natural about sticking industrially manufactured needles into people's flesh. The naturalness of China's *materia medica* is also suspect. Although vegetable products account for the vast majority, there are numerous minerals and animal products including worms such as earthworm (地龍 *dì lóng*), insects such as screwworm (五穀蟲 *wǔ gǔ chóng*), spiders such as wall spider (壁錢 *bì qián*) and reptiles such as gecko (蛤蚧 *gé jiè*) and animal and human excretions such as licorice in human feces (人中黃 *rén zhōng huáng*) and bat's droppings (夜明砂 *yè míng shā*), as well as a variety of industrial waste products such as tannery tar (煙膠 *yān jiāo*) and needle filings (針砂 *zhēn shā*). Nevertheless, proponents of Chinese medicinal therapy for the most part refer to their art quite misleadingly as 'herbalism', and I suggest that they do so out of an unconscious effort to ignore in Chinese medicine what fails to conform to the notions of complementary health. Chinese drugs are not all herbal, and they are certainly not all harmless. Not only mineral products, such as cinnabar (朱砂 *zhū shā*), but also a number of the animal products such as tabanus (虻蟲 *méng chóng*), and even vegetable products such as datura (曼陀羅 *màn tuó luó*) and croton (巴豆 *bā dòu*) are toxic.

The claim that Chinese medicine is holistic can be criticised on several accounts. As I argued in Chapter 4 (Outline of Chinese Medicine), the structure of its knowledge is not highly integrated. Chinese theories concerning the body have developed through a combination of observation and speculation, and by a combination of inductive and analytical thought. In the whole of its history, Chinese medicine has never developed unified criteria for distinguishing facts from falsehoods and definitively rejected the latter. To this day there are multiple explanatory models for interpreting tongue signs and pulse conditions, and for understanding febrile disease.

Even in one treatment modality such as acupuncture, there are holistic and unholistic explanatory models, since treatment can take an allopathic approach of expelling evils from the body as well as a holistic approach of promoting balance (Unschuld 1987, 1992; Birch 1998). Some treatments are purely symptomatic (Birch 1998). As Birch points out, numerous Western defenders of Chinese medicine, including Kaptchuk, Larre, Beinfield & Korngold, Cassidy, Hammer, and even the World Health Organisation, have emphasised the exclusively holistic nature of Chinese medicine in spite of contrary evidence. As Unschuld has pointed out (1994b), a nonholistic facet of Chinese medicine is clearly reflected in a whole array battlefield metaphors, and indeed such are not hard to find: 衛

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wèi, 'defence'; 攻邪 *gōng xié*, 'attack evil'; 犯 *fàn*, 'attack'; 伐 *fā*, 'quell' (NC, Zhāng D-B & Wǔ C-C 1990). The notion of strengthening the body to restore health is only one aspect of Chinese medicine. The opposite approach of killing disease, so closely associated with the ills of Western medicine perceived by adherents of complementary health-care, is also very much a part of medical understanding in China and indeed has been for much longer than in the West. The unholistic approach is much especially marked in Chinese medicinal therapy, which has amongst its therapeutic arsenal the principle of 'attacking toxin with toxin' and the methods of purgation and emesis.

The diagnostic process in the now most popular style of Chinese medicine relies on correlating multiple symptoms. Although many pathological conditions are attributed to causes such as wind or fire that have to be eliminated, rather as bacteria and viruses have to be eliminated in Western medicine, these causes defy isolation and their presence is inferred from the various symptoms that the patient presents. Chinese medicine relies on the four examinations (inspection, listening/smelling, inquiry, and palpation). These naturally place the patient fully in the eye of the physician. To this extent, diagnosis is holistic. Nevertheless, the holistic diagnosis of Chinese medicine traditionally may have not been so important as is often thought. The repeated insistence in traditional literature on the performance of all four examinations rather than mere palpation of pulse suggests that many physicians based their diagnosis on the pulse alone. This is corroborated by patient expectations in China to this day: Chinese patients often expect a skilled physician to be able to offer a diagnosis based solely on the pulse.

The relationship Chinese medicine establishes between psychological states and organ functions, which is much lauded in the West, is one of the dubious products of systematic applications of the five phases (obvious in the case of the liver, but less so in the case of the other organs). On paper the correspondences are simple (one reason, perhaps, why they are attractive), but less easy to see in practice, and can hardly be considered a theory of psychology in the sense of explaining thought processes and their manifestations in behavior. The significance of dreams discussed briefly in the *Něijīng*, which did not constitute a major point of interest for subsequent generations of physicians in China, might naturally form an attraction for Westerners (Maciocia resurrects them in the *Foundations of Chinese Medicine*, 1989). Chinese medicine over its long history has accumulated many theories, some of which have lasted and some of which have fallen by the wayside. The relationship between theory and practice has always been vague.

The notion of a timeless tradition cannot be applied to Chinese medicine. As Unschuld has pointed out (1992: 54), "Western proponents of Chinese have depicted tra-

ditional Chinese medicine, in contrast to historical evidence, as a coherent system of thought, basically unchanged since antiquity.” Birch (1998) has illustrated the point further with a description contained in the preface of a popular text (Maciocia 1989) of a fictitious peasant woman in 154 B.C., whom an acupuncturist gave both a diagnosis and a treatment that were not to appear for centuries. Chinese medicine has never been fully integrated or static (see Chapter 4, Outline of Chinese Medicine), and the unconditional reverence for ancient knowledge is a relatively recent phenomenon (Unschuld 1992).

The belief that practices of Oriental origin are rooted in ancient wisdom, in true understanding of nature, and in spiritual enlightenment makes them especially attractive to Westerners who embrace the philosophy of complementary health-care. Yet the fact that the origins of Chinese medicine lie in a distant and ancient culture by no means make the Western student of Chinese medicine particularly willing to embark on the journey through time and space to understand the roots of the art. As I shall show further ahead, classical literature seems to attract little attention.

Chinese medicine provides evidence of the lack of criticism and scepticism characteristic of complementary health practices. It has been suggested that scientific research is often used by proponents of complementary health to bolster a positive claim about their treatments, while negative evidence tends to be ignored. (Vickers 1998: 2–3). It is of note that scientific research in Chinese medicine is conducted by scientists in mainstream academia; it is not considered anything worthy of promotion in Chinese medical schools. In the 1980s, in an attempt at the New England School of Acupuncture to establish a framework for clinical research in the school’s teaching clinic, teachers were asked to apply a standardised vocabulary in the writing of clinical histories. Most of the teachers refused to be bound to a strict vocabulary on the grounds that, amongst other things, all their patients were different and could not be described in a limiting terminology. As a result, the research project failed to take off (Birch, personal communication 1990). Teachers regarded the call to research to be an unwanted act of scrutiny that encroached upon the sacred realm of the clinical competence of individual practitioners. Needless to say, such an attitude is conducive neither to clinical research nor to the standardisation of terminology.

Chinese medicine is deeply fraught by factionalism (O’Neill 1994: vii–x; Birch & Felt 1998: 62, 64, 68). There is competition between different treatment modalities (acupuncture, drugs, etc.), different ethnic traditions (Chinese, Korean, Japanese), different schools of thought (e.g., TCM acupuncture versus more traditional forms), as well as the divisions between those who believe only in empirically validated procedures, those

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who believe in psychospiritual adaptations of Chinese medicine, and those wishing to acquire authentically Oriental forms of Oriental medicine. As in all other forms of complementary health, factionalism arises out of the absence of principles for separating truth from fiction.

The West's interest in Chinese medicine and other forms of complementary health is closely associated with its being perceived as being natural, holistic, timeless, and spiritual. These qualities are neither consistently observed in complementary medicines, nor are they wholly absent from modern Western medicine. Rather, they are philosophical desiderata that spring from the ills created by modern industrialised society. Their projection onto complementary medicines is limiting and even damaging to the development of these medicines. In Chinese medicine, they foster distortion of the subject matter and divert attention away from the realities of knowledge transmission. The lack of a source-oriented approach observed in successful transmission of knowledge, as I hope to show in 6.2 (Approaches to Chinese Medical Term Translation), can be explained by the influence exerted by the beliefs of proponents of complementary health.

6.1.4 LIMITED INTERESTS

The westward transmission of Chinese medicine presents a stark contrast to that of the eastward transmission of Western medicine (3.2.3.7, Extralinguistic Background). Chinese medicine in the West is a more or less isolated element of Chinese culture, attracting marginal interest among a population that otherwise has little interest in China. It has been accompanied by qìgōng but by no other major element of Chinese learning. The Western understanding of Chinese medicine may have been strongly influenced by Western portrayals of Daoist philosophy, which have been criticised for their overemphasis of the mystic and poetic aspects (Ronan 1978: 86). The Western interest in Chinese medicine has largely been focused on one element of it, acupuncture. There has been no conscious concerted effort to transmit all Chinese healing practices and all aspects of Chinese medical knowledge to the West. On the contrary, until only recently, Chinese medical enthusiasts in the English-speaking countries of the West equated acupuncture with Chinese medicine, and considered medicinal therapy as an accessory, unaware that in China acupuncture slipped out of popularity centuries ago (Felt & Birch 1998: 37).

One factor that allows a partial adoption is the fact that Chinese medicine is not a fully integrated body of practices. Acupuncture and medicinal therapy have always had a relatively separate existence. The isolated transmission of acupuncture can be seen as a manifestation of this. It is interesting, once again, to adduce Western medicine as a

understanding of physiological and pathological processes. It would be almost unthinkable for a community to adopt only parts of Western medicine, such as surgery without medicinal therapy.

Interest in Chinese medicinal therapy is now undergoing rapid growth. Medicinal therapy, that is to say the medicinal therapy of the orthodox literate tradition that has its roots in *Shānghánlùn* (傷寒論 “On Cold Damage”) and *Jīnguì Yàoliù* (金匱要略 “Essential Prescriptions of the Golden Coffin”), is in many respects far more complex than acupuncture. It would be difficult to imagine Westerners being able to practice this form of medicine in the traditional fashion without studying the classical literature on the subject. Yet, as I shall explain shortly (6.1.6, Translation Lacking), the classics currently still attract little interest.

Even if Chinese medicine is to some degree segmentable, it would nevertheless appear that current interest is somewhat overly narrow. When we recall China’s determination to appropriate Western medical learning (discussed in chapter 3), it is easy to see how the Western effort to learn about Chinese medicine pales by comparison. An important factor in this is the Western lack of familiarity with the Chinese language.

6.1.5 FAILURE TO PERCEIVE LANGUAGE AS THE KEY TO ACQUISITION OF KNOWLEDGE

The success with which a knowledge corpus is transmitted from one culture to another is ultimately dependent on overcoming of the language barrier. Without language, no knowledge corpus such as Chinese medicine (or Western medicine) that is handed on from one generation to the other by the written word can be transmitted successfully from one culture to another without a linguistic bridge built on acquisition of the source language and reliable translation. Without familiarity with the source language, no Westerner is even able to evaluate the success of transmission. I suggest that this challenge has never been seriously met by the Western community of Chinese medicine as a whole, and the failure to meet the challenge is a mark of the marginality of Chinese medicine in the modern West. Students entering Chinese medical schools rarely know any Chinese or other Oriental language, and receive little or no language training while in Chinese medical school. Instruction in the Chinese language would instill the idea that primary sources contain something of value not present in English-language texts. It would also create the expectation that any English terminology must be capable of conveying what concepts are contained in primary texts. The absence of language training explains why a source-dependent form of transmission has never developed on a large scale, and it stands

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in stark contrast to the great importance that is accorded to the study of English and other Western languages in China in the adoption of Western learning.

It might be argued that since English is now the world language, there is no point in acquiring a knowledge of Chinese. The importance of English as the world language, though, does not stretch to traditional fields of knowledge such as Chinese medicine that are dependent on one particular language as the vehicle of transmission. English may be a valuable language for communicating the fruits of scientific research, but to perform any research concerning the traditional body of Chinese medical knowledge requires familiarity with the Chinese language. In modern disciplines in which communication relies on clearly defined technical terms that have agreed correspondences in other languages, the notion of an 'original language' is meaningless insofar as more than one language community is contributing to the development of knowledge. The French or German terminologies are no less standard than the English simply because they are (now) less widely used in the international forum. In modern Western medicine, the terminology of no single language is no longer standard; the choice of English now is only a matter of convenience in a world in which English is increasingly serving as the *lingua franca* of the entire globe. In traditional disciplines such as Chinese medicine, however, access to the source language is of prime importance in view of the continuing, though waning, authority of early literature.

Chinese medicine has been transmitted to Japan and Korea with a high level of success that rests on the ability of their languages to borrow Chinese technical terms in the same way as modern European languages have adopted Latin terms. Both Japanese and Korean scripts include Chinese characters, and hence obviate the need for any translation process beyond the problem of phonetic realisation (see 2.3.5, Terminological Translation). This process was fostered by the general adoption of Chinese knowledge and extensive adoption of other facets of Chinese culture. Once again, we see transmission of knowledge is most successful when it takes place against a background of source-culture orientation.

The westward transmission of Chinese medicine is severely disadvantaged by the lack of Chinese cultural influence in the West. Little is taught about the history and culture of China in the general education of English-speaking countries, and the Chinese language is essentially a university speciality, which until recently was concerned exclusively with classical literature. I believe that expectations of Chinese medicine as a complementary therapy have forestalled the realisation that language provides the key to knowledge. Because of what seems to be a widely held view that complementary therapies are mastered

through clinical experience, it is assumed that Chinese medicine accords little importance to book knowledge. This view is not, however, in keeping with the facts of the Chinese world. Of all the healing practices of China, those on which Western interest focusses are the literate traditional of acupuncture and medicinal therapy in which book learning plays an important role. Learning for most students of this tradition in Chinese has meant not mere study, but memorisation of literature, as is attested by a whole genre of mnemonic rhymes.

The lack of linguistic accesses to primary sources not only means that there are fewer people capable of engaging in translation, but it also means that there is little scrutiny of what appears in press. The tendency of writers to continually emphasise the holistic nature of Chinese medicine, for example, might be curbed if more people had access to primary sources. Birch & Felt (1999: 75–76) offer a good example of what can wrong as a result of lack of access to primary sources. Citing six different writers, they show that English literature has perennially expressed the belief that the eight extraordinary vessels store original qì (元氣 *yuán qì*) or essence (精 *jīng*), and counseled against their needling to prevent any loss of these substances. The belief is not supported by primary Chinese sources, notably the *Huángdì Nèijīng*, and the belief has been traced to Albert Chamfrault and Nguyen Van Nghi, who are suspected of representing a Vietnamese school of thought. A Vietnamese tradition disagrees with the Chinese. Until it is proved scientifically which tradition is right, the transmission of *Chinese* medicine requires at least the presentation of the Chinese tradition. Any knowledge deriving from other sources should be clearly labelled as such. Unless a considerable segment of the receiving community has linguistic access to primary sources, the transmission of information is unreliable for lack of adequate scrutiny.

In all fields of learning any scholar wishing to make a contribution to knowledge is expected to be well acquainted with the literature of that field. Given that in Chinese medicine most of the literature is in Chinese, it stands to reason that anyone wishing to contribute to the Western understanding of Chinese medicine should be versed in the Chinese literature. So far this has not been achieved.

Chinese medical schools have barely sought to remedy this lack by providing adequate training in the Chinese language. Several schools in the United States have at one time or another offered introductions to the Chinese language, but no school has ever offered courses to provide language training to a level sufficient to read primary texts, and no school has made proficiency in Chinese an entrance requirement. It would be in no-one's financial interest within the profession to extend curricula to make this (or any

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other improvement) possible, and the necessary pressure is unlikely to come from outside it.

Linguistic access among English speakers is growing. With the liberalisation and growing economic importance of Chinese-speaking areas (PRC, Hongkong, and Táiwān), Chinese curricula in universities have increasingly stressed the practical applications of the Chinese language. Within the field of Chinese medicine, increasing numbers of students of Chinese medicine have taken it upon themselves to learn Chinese to gain direct access to primary texts and ability to communicate verbally with Chinese physicians. Efforts have also been made to shorten their learning process by providing language-learning material geared exclusively to Chinese medicine (e.g., Unschuld 1988; Unschuld 1994a; Flaws 1998; Mitchell, Féng, & Wiseman 1999; Wiseman & Féng 2000).

Efforts to bring the Chinese language into focus in English-speaking literature come up against the difficulty that many publishers are unable to handle the printing of Chinese. Although the advent of the computer makes Chinese typesetting (and Pīnyīn intonation) much easier than it was in the past, publishers do not have staff capable of using it. This contrasts starkly with the situation in the far East in the transmission of Western scientific knowledge. In scientific publications in non-European languages such as Chinese, it is practice to include English terms in parentheses for terms with which the reader may not be familiar. This is possible because all publishing staff are at least familiar with the easy-to-learn Roman alphabet. Publishers of Chinese medical literature in English-speaking countries often do not have a single member of staff who can understand or type very-much-harder-to-learn Chinese characters (e.g., Churchill Livingstone). Furthermore, the inclusion of Chinese in texts is not always even considered an advantage. A major US publisher and distributor of Chinese medical literature believes that the inclusion of Chinese characters in any textbook is likely to cost him sales because any Chinese references lay monolingual teachers open to student questions they are unable to answer (Felt, personal communication 1999). If this estimation is accurate, there are vested interests preventing any advances in the field of language learning.

6.1.6 TRANSLATION LACKING

The general unfamiliarity with Chinese has made translators few and far between. Among those who made the effort to learn Chinese at the beginning of the boom in acupuncture are Ted Kaptchuk, John O'Connor, and Dan Bensky, who studied in Macao in the mid-1970s. On their return, O'Connor and Bensky produced *Acupuncture: A Comprehensive Text* (1981), which initiated the development of the textbook-based education sys-

nation and licensing framework (Felt 2000b). Kaptchuk produced *The Web That Has No Weaver* (1983), which stimulated the first generation of people to adopt the modern Chinese approach as the field's core. Later, Bensky, in collaboration with other colleagues, published *Chinese Herbal Medicine: Materia Medica* and *Chinese Herbal Medicine: Formulas and Strategies*, which are the standard texts in the U.S. for medicinal therapy.

It is difficult to assess to what extent and how well Chinese medical knowledge is being transmitted to the English-speaking world in terms of literature available in English. Doubtlessly of great significance, however, is the paucity of translation of Chinese medical classics. The availability of adequately translated classical texts for study by English-speakers without linguistic access to primary texts is a major index of the transmission of Chinese medicine as traditionally studied and practised in the Orient, since classical texts still form an important part of Chinese medical curricula. In 1996, Birch & Tsutani put the number of classics translated at 5 or fewer. The major classics, *Nèijīng* (內經 “The Inner Canon”), *Nànjīng* (難經 “The Classic of Difficult Issues”), *Shānghánlùn* (傷寒論 “On Cold Damage”), and *Jīngguì Yàoliùè* (金匱要略 “Essential Prescriptions of the Golden Coffer”), exist in English translation, but Paul Unschuld has lamented that reliable translations of classical literature are almost nonexistent (Unschuld 1989a: ix). The *Shānghánlùn* (傷寒論 “On Cold Damage”) (Luó X-W 1986) and *Jīngguì Yàoliùè* (金匱要略 “Essential Prescriptions of the Golden Coffer”) (Luó X-W 1987) have been translated by PRC scholars. It has been argued that the overly simplified explanations in these works obscure the variety of traditional interpretation (Mitchell, Féng, & Wiseman 1999: xii). Despite Western interest in acupuncture, no-one has translated the *Zhēnjiǔ Dàchéng* (針灸大成 “The Great Compendium of Acupuncture and Moxibustion”) or *Zhēnjiǔ Jùnyīng* (針灸聚英 “Gathered Blooms of Acupuncture and Moxibustion”), although a translation of the *Zhēnjiǔ Jiǎyǐjīng* (針灸甲乙經 “The Systematic Classic of Acupuncture and Moxibustion”) has been recently published. The availability of literature is no sign of its being widely read, and classical texts in translation are known to command small, albeit growing, markets (Felt, personal communication 1999). Classical literature holds little interest for the Western student because they do not present information in the straightforward manner of modern textbooks, are often so terse in their expression, and are frequently fraught with ambiguities, so that considerable commentary is required for the reader to make any sense of them.

Given the fact that the Chinese have a greater dual command of the TL and SL than Westerners, they might naturally be expected to be more productive in translation. Indeed, SL-speaker participation in the translation process is often a practical necessity,

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particularly in the early stages of transmission; it has been observed in biblical translation (Nida 1964: 149) and in the transmission of Western learning to China (Hung & Pollard 1998). A number of basic acupuncture textbooks from the PRC provided the basic texts for acupuncture training in the US for a number of years: *An Outline of Chinese Acupuncture* (1975); *Essentials of Chinese Acupuncture* (1980); *Chinese Acupuncture and Moxibustion* (1987).

The PRC contribution to the translation of Chinese medical literature suggests that the Chinese have had overly modest expectations concerning the ability or willingness of Westerners to master Chinese medicine in its traditional form. As Zhāng Wéi-Huī (1994: 19–20) says, “. . . In the process of translating, one cannot render classical literature literally. . . . China’s achievements in the integration of Western and Chinese medicine are the proper interface between Chinese medicine and world medicine.” Zhāng thinks of the internationalisation of Chinese medicine in terms of convincing the international scientific community of the value of (a suitably modified form of) Chinese medicine. He says that “[a]s to communication through language, we cannot wait for the modernisation of Chinese medicine to be completed for this question to be solved. . . . Even though Chinese medicine is a theoretical system based on the classics, we cannot present it abroad in the form it had two thousand years ago.” Nevertheless, since the versions of Chinese medicine that have the PRC’s official stamp of approval have for the most part not by any account removed all of the 2,000-year-old elements, it is difficult to anticipate precisely what form the integrated Chinese medicine of the future will take. Zhāng fails to explain why Chinese medicine cannot be presented in its original form. Unless he espouses some radically nationalistic view that only Chinese people are capable of understanding Chinese medicine, his remark can only be interpreted to mean that the international medical community will not accept it in such a form. He is apparently unaware of the fact that Western interest in Chinese medicine has its broadest basis outside Western medicine, and that Westerners themselves are engaged in the translation of ancient texts. Zhāng sums up saying, “Chinese medicine’s current popularity enables it to enter international academic exchange. We must solve the linguistic problems of translation, and Chinese medicine should take advantage of the ‘east wind’, and seize the opportunity to develop itself.” The problem is that there is, as I have argued, no real evidence of any powerful east wind (prestige attached to Oriental culture). Moreover, the Westernisation of an east wind can only take the wind out of sail driving Chinese medicine westward.

An outstanding feature of the English-language acupuncture textbooks that have come from the PRC is the way they reduce the description of Chinese medicine to its

barest essence. To illustrate the point, statements from two PRC works are compared with two Western authors (see below). These examples are very short, but are representative of the texts. *Essentials of Chinese Acupuncture*, a translation of a Chinese text (中國針灸學概要), is intended as an introduction to acupuncture, not as a basis for practice. The quotation from *Fundamentals of Chinese Medicine* comes from *Zhōngyīxué Jīchǔ* (中醫學基礎 “Fundamentals of Chinese Medicine”) published by the Shànghǎi College of Chinese Medicine in 1975. This book at one time was a first-year text for Chinese medical students at Taiwan’s then only college of Chinese medicine; it has now been replaced by a much more comprehensive work (Mèng J-C & Zhōu Z-Y 1985). *Chinese Acupuncture and Moxibustion*, which displaced *Essentials*, continues to be a best-selling text in the U.S. because it contains what is required to obtain a licence to practice.

Comparison of Information on Yellow Facial Complexion

Essentials of Chinese Acupuncture, Anon., 1980: yellow, which suggests jaundice.

Chinese Acupuncture and Moxibustion, Cheng X-N, 1987: A yellow colour indicates syndromes of deficiency type and damp syndromes. When the entire body, including the face, eyes and skin, is yellow, it is jaundice. If the yellowness tends toward bright orange, it is called yang jaundice resulting from damp heat. If the yellow is smoky dark, it is called yin jaundice resulting from either cold damp or long-term stagnation of blood. A pale yellow complexion without brightness is a sign of deficiency of both qi and the blood.

Foundations of Chinese Medicine, Maciocia, Giovanni, 1989: Yellow indicates Spleen deficiency or Dampness or both. A bright orange-yellow colour indicates Damp-Heat, with the prevalence of Heat rather than Dampness. A hazy, smoky yellow indicates Damp-heat, with the prevalence of Dampness. A withered, dried-up yellow indicates Heat in the Stomach and Spleen. A sallow yellow colour indicates Stomach and Spleen deficiency. A dull-pale yellow colour indicates Cold-Damp in the Stomach and Spleen. A pale yellow colour surrounded by red spots indicates Spleen deficiency and stasis of liver blood. A clear and moist yellow colour in between the eyebrows indicates that Stomach-Qi is recovering after an illness affecting Stomach and Spleen. A dried up and withered-looking yellow colour in the same area is a poor prognostic sign.

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Fundamentals of Chinese Medicine, Wiseman, et al., 1994: Yellow is associated with dampness and vacuity. Yellowing of the sclerae^a and generalised yellowing of the skin indicate jaundice. Jaundice characterised by a vivid yellow^b indicates damp-heat and is called “yang yellow.” Jaundice characterised by a dark yellow coloration is caused by cold-damp and is called “yin yellow.” Yang yellow is seen mostly in cases described in Western medicine as acute icteric infectious hepatitis, acute cholecystitis, cholelithiasis, and toxic hepatitis; yin yellow occurs in cirrhosis of the liver and cancer of the head of the pancreas. A pale yellow skin that is dry and puffy, accompanied by pale lips but no yellowing of the sclerae, is referred to as withered-yellow, which is a vacuity yellow. The condition characterised by this complexion is sometimes called “yellow swelling,”^c and is normally caused by excessive loss of blood or depletion of blood and qi after major illnesses or by spleen-stomach damage resulting from intestinal parasites. It may thus be seen in diseases known in Western medicine as ankylostomiasis (hookworm disease), anemia, and malnutrition due to poor assimilation.

^aSclera is a Western medical term that corresponds to the “white of the eye,” 白睛 (*bái jīng*) spoken of traditionally.

^bThis is often described as the colour of mandarins.

^cYellow swelling, 黃腫 (*huáng zhǒng*), also called yellow obesity 黃胖 (*huáng pàng*): Swelling of the face and ankles with a withered-yellow complexion, together with lassitude of spirit and lack of strength. In some cases it can be associated with nausea and vomiting of yellow water, and a desire to eat uncooked rice, tea leaves, and coal.

Only two of the five best-selling books for acupuncture and medicinal therapy for the period 1989–1999, according to the sales figures of the largest US distributor of Chinese medical literature, Redwing Book Company (Felt 2000b), have Chinese authors. This rating is based on the sales figures of one company, but it is probably representative. Accurate publishing statistics are difficult to obtain because publishers are not required to disclose their sales figures.

Redwing’s Best-Selling Acupuncture Therapy Books (1989–1999)

1. Cheng X-N (1987) *Chinese Acupuncture and Moxibustion*
2. Maciocia G (1989) *Foundations of Chinese Medicine*
3. Ellis & Wiseman N (1991) *Fundamentals of Chinese Acupuncture*
4. Connelly D (1994) *Traditional Acupuncture Law of the Five Elements*
5. Kaptchuck T (1983) *The Web That Has No Weaver*

Redwing's Best-Selling Medicinal Therapy Books (1989–1999)

1. Bensky D, Gamble A, Kaptchuk T (1986) *Chinese Herbal Medicine: Materia Medica*
2. Bensky D, Barolet R (1990) *Chinese Herbal Medicine: Strategies and Formulas*
3. Wiseman N, Ellis A (1985/1994) *Fundamentals of Chinese Medicine*
4. Maciocia G (1994) *The Practice of Chinese Medicine*
5. Yeung H C (1983) *Handbook of Chinese Herbs and Formulas* (2 vols)

Not all English-speaking literature is actually translated from Chinese (Unschuld 1989a; Birch & Tsutani 1996; Birch 1998). Since the distinction between translation and nontranslation is blurred by the intermediary category of compilation from primary sources, any accurate assessment of this question is difficult. A translated work may quite legitimately be a compilation from multiple primary sources. Nevertheless, it is fair to say that if, in the absence of any statement concerning the origin of the information contained in it, a book includes a bibliography containing primary Chinese (or Korean, or Japanese) sources, we may credit the author with linguistic access to those sources. While all the titles listed above contain Chinese sources among the references, this is by no means true of all works. Quite a large proportion of English-language works do not contain any explicit statement to the effect that they were translated or compiled from primary Chinese or other primary Oriental sources (Japanese, Korean), and their bibliographies suggest that no primary sources were consulted in their compilation. (English works by Chinese authors often include no bibliographies, but this is a question of academic practice, not of access to primary sources.) Given Westerners' general unfamiliarity with Chinese and the absence of language study in the curricula of Chinese medical schools in the West, one assumes that they were compiled from English-language sources or from personal knowledge and experience. Examples of works by Westerners that contain no Chinese sources include: Mann (1964), Mann (1971/1992), Lewith & Lewith (1983), Pearson P (1987), Seem & Kaplan (1989), Beinfield & Korngold (1991), Mann (1992), Mole (1992), Gaeddert (1994), Stux & Pomeranz (1997). Interestingly, these works are adaptations of Chinese medicine intended either for MDs or for body, mind, and spirit enthusiasts (see ahead to 6.1.8, Adaptation).

Bibliographic references may facilitate an overly generous estimate about primary-source access since it is possible, as indeed is well-known in translation theory, for authors to have unmentioned bilingual collaborators. Misediting of crib translations might explain why blatant anomalies appear in texts by authors who suggest they have access to primary

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It might be noted in this context that with a view to eliminating the problem of the dubious origin of Chinese medical information presented in current literature, three major US publishers of Chinese medical literature (Blue Poppy, Paradigm, and Eastland) met in May 1995 to discuss a ‘Code for the Council of Oriental Medical Publishers’ (COMP) whereby publications should contain a designation indicating whether they are translated or compiled from primary sources or are original works, and, in the former case, how close the translation is. The instigator of the agreement, Blue Poppy Press, and one other participant, Paradigm Publications, accepted the code and have since applied it, and certain publications of Churchill Livingstone have included designations. The significance of the agreement in the present discussion lies in its highlighting recognition of the existence of problems in the transmission process.

The COMP move is part of a new development in Chinese Medicine. Awareness of the problems of authenticity in the English-language literature, and realisation of the benefits to be gained from being able to access primary Oriental sources have prompted growing numbers of students and practitioners to learn Chinese, and put their skills to use in translation in order to provide the English readership with a more detailed picture of Chinese medicine as it is practised in China. The work of Needham, Unschuld, and others in describing the history of the development of Chinese medicine has contributed greatly to this new trend (Birch & Felt 1998: 71–77). Nigel Wiseman’s work of developing and promoting the use of a source-oriented terminology is also to be seen in the context of this trend. It is noteworthy that the COMP publishers have produced two classics, Yang & Chace’s *Zhēnjiǔ Jiǎyījīng* (1994), and Mitchell, Féng, & Wiseman’s *The Shāng Hán Lùn: On Cold Damage* (1998).

The present state of translation suggests a conclusion very much in keeping with that of Birch & Tsutani (1996) in the specific context of acupuncture, namely that assimilation of literature from east Asian sources is still in its infancy.

6.1.7 BILINGUAL LEXICOGRAPHY LAGGING

Lexicography potentially has an important role to play in the development of an equivalent terminology in the TL, because the success of intercultural transmission of knowledge partly rests upon this. For the purposes of transmission, therefore, the TL equivalent must be clearly related, or ‘pegged’, to the SL term, and this can only be achieved by the preparation of bilingual lists and the creation of dictionaries. As I showed in the previous chapter, although Chinese medicine has not developed a high degree of unity of term and concept, the principle of pegging TL terms to SL terms is nevertheless

In the initial stages of transmission, where the TL terminology is still in flux, normative bilingual lists offering different TL equivalents can promote discussion about terminology and facilitate review of the various possible term choices so that a greater consensus can be reached. In Chinese medicine, exuberant efforts have been made to propose terms, but far less progress has been made as regards terminological standardisation. A considerable effort has been made in the preparation of normative bilingual lists: at least 20 dictionaries listing Chinese terms with proposed English equivalents have appeared. Nevertheless, there is probably still as wide a variation in the terminology contained in lexicographical works, textbooks, and clinical literature as ever. Although the number of works in which the terminology proposed in this study is applied is undergoing substantial growth following its adoption as the preferred terminology by two of the three major US publishers of Chinese medical literature (Paradigm and Blue Poppy), there is still a large amount of literature that conforms to no discernable terminological standard.

It is quite noteworthy that most of the bilingual dictionaries are the work of PRC authors; only three have been produced in the English-speaking recipient community, all of them by Wiseman and colleagues (Wiseman & Boss 1990; Wiseman 1995a; Wiseman & Feng 1998b). The distribution of lexicographical effort between China and the West stands in stark contrast to the fact that the best-selling English-language literature is largely of Western authorship (see 6.1.6, Translation Lacking). Some works (textbooks clinical texts, reference works) published in English-speaking countries admittedly contain glossaries, yet in general these are limited in scope. Most of the authors of Redwing's ten best-selling books listed above have made no contribution to the public debate on term translation, except for a few paragraphs in introductions to works. Wiseman is the only one to have written extensively on the subject (Wiseman 1992, 1993, 1995b; 1995c, 1996, 1997, 1998; Wiseman & Boss 1990; Wiseman, Ellis, & Zmiewsky 1994; Wiseman & Féng 1990, 2000; Wiseman & Zmiewski 1989).

Thus a preliminary observation is that the Chinese seem to be much more aware of the importance of the role of lexicography than Westerners. The efforts of the Chinese undoubtedly springs from their greater awareness (gained through the large-scale adoption of scientific and technical knowledge from the West) of the role of language in the transmission of knowledge. Westerners, on the other hand, have, to a large extent, failed to see Chinese medicine as the product of a foreign culture whose adoption requires mastery of the linguistic key.

Lexicographers of the last century have thus brought to light the terminological aspect of Chinese medical literature in a way that traditional Chinese medical scholarship

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never did. The huge amount of terms contained in the two major dictionaries cited is partially explained by the large number of main and alternative names of medicinals and acupuncture points and by the number of names of medicinal formulas (the actual total number of formulas devised and named by Chinese physicians defies count). However, the general terminology contained in the 1995 *ZD* is quite representative of the terminology appearing in modern literature and the major classics still prized to this day.

Since the 1980s there has been considerable effort in the realm of bilingual dictionaries. A list is provided in a special section of the bibliography (p. 318).

English-language dictionaries first appeared in small volumes, but have increased rapidly in size. The *Word-Ocean Dictionary* published in 1995 contains 26,253 entries in 1,973 pages, with headwords, definitions, and information all in Chinese and English. Despite its size, this work is marred consistently by a lack of native-speaker competence.

It is of note that two of the English dictionaries listed are specifically acupuncture dictionaries. This reflects the West's traditionally greater interest in acupuncture than in medicinal therapy. The appearance of a materia medica dictionary in 1994 may reflect the growing realisation by Westerners that China's principal form of healing is medicinal therapy.

English-Chinese bilingual dictionaries of Chinese medicine differ from Chinese-only dictionaries in that they are intended to play a normative role in the TL terminology. Some, such as the *Glossary of Chinese Medical Terms and Acupuncture Points* and *English-Chinese Chinese-English Dictionary of Chinese Medicine*, were created essentially for this purpose only, and hence do not contain terms without definitions and supplementary material. Nevertheless, in the PRC bilingual dictionaries a good proportion of terms are given multiple English equivalents or paraphrases, and the *Word-Ocean Dictionary* for a large proportion of entries offers a Pīnyīn transcription without a complete English rendering. This may reflect a belief on the part of their authors that certain terms cannot be translated or do not have any 'obvious' translations. In any event, it is of no help to the cause of developing an English terminology.

The PRC English-language dictionaries of Chinese medicine generally tend to be directed to Chinese readers rather than English readers. This is readily visible. Four of the English dictionaries listed in the bibliography, the *Chinese-English Medical Dictionary*, the *Word-Ocean Dictionary*, the *Illustrated Dictionary of Chinese Acupuncture*, and the *Chinese-English Terminology of Traditional Chinese Medicine* adopt the 'mirror-translation' format, i.e., the text for each entry is given in Chinese with an English transla-

tion. Despite their potential use for English-language readers with little or no knowledge of Chinese, this has not been fully realised by the inclusion of an English index. The tendency to address bilinguals (or the Chinese rather than the Western reader) may reflect a belief among English-language lexicographers that, at the current state of transmission at least, dictionaries of Chinese medicine have little utility for the reader unfamiliar with Chinese. Not surprisingly, these works have not sold well in the West (Felt, personal communication 1999).

English dictionaries of Chinese medicine have failed to solve the problem of the absence of a standard English terminology, a problem which persists despite the growth in popularity of Chinese medicine in the West over the past three decades. As will become apparent in 6.2 (Approaches to Chinese Medical Term Translation), each dictionary offers a different terminology, but none has won recognition as the standard.

In my own work, I have produced three dictionaries. Two are Chinese-English English-Chinese dictionaries, devised principally for translators, proposing term equivalents. The third, designed for use by TL users, contains terms (English and Chinese) together with definitions. To make it as useful as possible for TL users, the entries are arranged in English order and many entries include not only a definition but also copious clinical information. The idea has been to propagate the notion that Chinese medical terminology reflects a conceptual diversity that cannot be acquired by the recipient community unless attention is paid to devising a strictly parallel terminology in English. Terms represent concepts, and the transmission of knowledge will be lacking so long as the issues of terminology and language are ignored.

6.1.8 ADAPTATION

The West has made little effort to gain access to the heritage of Chinese medical literature. On the contrary, some have argued that empirically or scientifically based forms of Chinese medicine dispensing to a greater or lesser degree with traditional theoretical trappings are a more viable option (notably Mann 1992 vii–viii; Filshie & White 1998). Others have suggested that the culture-bound nature of Chinese medicine means that it has to be adapted in order for it to gain root in the West (e.g., Seem & Kaplan 1989: 12; Beinfeld & Korngold 1991 xiv). An attempt has even been made to present traditional theories in a highly rationalised form (Porkert 1978). The absence of voices calling for the community as a whole to be able to see more of Chinese medicine in the raw before the adaptation is performed seem to suggest a belief among English-speaking students and practitioners of Chinese medicine that what is useful in Chinese medicine has already

arrived, a belief naturally supported by the language barrier and the general absence of Chinese cultural influence.

Between Heaven and Earth by Beinfield & Korngold (1991) is a good example of the complementary-health-type adaptation. The book is divided into three parts: basic theories (including yīn-yáng and the five phases); five psychological types; and therapy. By the book's very contents, we see that it presents a version of Chinese medicine in which five-phase theory and the doctrine of human types are the central, if not the only, features. The importance of the five phases is exaggerated to the point where the six bowels are completely subsumed to the five viscera and only five emotions are discussed (the seven-fold classification of seven affects, 七情 *qī qíng*, are not mentioned). The treatment section notably presents herbal remedies in the form of a 'modular pharmacy'. Formulas containing multiple ingredients are labelled 'Tonify *Moisture*', 'Tonify *Blood*', 'Consolidate *Qi*', 'Purge *Moisture*', 'Supplement *Wood*', 'Harmonize *Wood-Earth*', etc. The formulas have been devised by the authors and are sold by them. As the quotation in 6 on page 186–187 shows, the authors' views are typical of the complementary-health profile.

This adaptation raises a number of questions. Although the authors state in their introduction that they are offering an adapted form of Chinese medicine, they do not explain in detail what parts are traditionally Chinese and what parts adapted. They offer no rationale for the adaptations, and no proof of their validity. Although Chinese medical knowledge, unlike that of Western medicine, has been not developed through repeatable experiment, it is reasonable to give it credit for its long experience in caring for human beings. Nevertheless, Beinfield & Korngold cavalierly whisk this experience away even though, without linguistic access, they cannot know any more about it than has been presented by translators. What they offer in its stead is of uncertain origin. *Between Heaven and Earth* is generally recognised as belonging to what is known as the *traditional acupuncture* movement (otherwise known as the Worsely school of thought), which has a strong following in both the UK and the US. Interestingly, the founder, Englishman Jack Worsely, has not published a full description of his five-phase adaptation of Chinese medicine, any explanation of its origin, or any justification for its validity. We know that his theory of the five human types originates from a passage of not much more than a thousand characters in the *Língshū*, *Yīnyáng Èrshíwǔ Rén* (靈樞 · 陰陽二十五人 "Magic Pivot, Yīn-Yáng and the Twenty-Five Human Types"), but where all the detail comes from, we are not told.

Implicit in this adaptation is a belief on the part of the authors that their interpretation of Chinese medicine is adequate and reliable, and that more is to be gained by

developing a Western interpretation than by acquiring linguistic access to primary texts in order to investigate in greater detail what the 2,000-year heritage of Chinese medicine has to offer. If they are unaware of the problems of transmitting a complex knowledge corpus such as Chinese medicine and of the low degree of transmission that has so far been achieved, then they must have far less esteem for China's medical heritage than confidence in their own ability to improve on it. The fact is that they do not have a clear grasp of any of the basic issues. As has been pointed out (Birch 1998), the distinct dichotomy that certain writers establish between the holistic, integrated approach of Chinese medicine on the one hand and the fractured approach of Western medicine on the other not only misrepresents the reality of Chinese medicine, but also that of Western medicine. Furthermore, quite ironically, their adaptation is a simple, integrated system based on one traditional facet of Chinese medicine only, responding to what Unschuld has called a *cognitive aesthetic* (Unschuld 1989b) that is typically Western, not oriental.

Adaptations of this kind are possible because those of complementary-health persuasions find them attractive, are averse to applying any critical scrutiny, and do not have the linguistic access to primary sources that would enable them to apply such scrutiny to maximum benefit. Because such adaptations are often labelled as Chinese medicine, many people are unaware that they are adaptations. The fact that Chinese medicine is subject to the modifying force of political, economic, and cultural demands is rarely noted in the training of acupuncturists (Birch & Felt 1999: 74), and it is precisely this shortcoming that COMP is intended to help remedy.

Adaptations of Chinese medicine that result from subjecting its treatments to the rigorous scrutiny of empirical testing is not so easily dismissed out of hand; in fact it represents a serious challenge. Indeed, as we have seen (4.4), Chinese medicine has undergone change in China to adapt to modern conditions. Yet however much modern leaders of Chinese medicine in the Orient have tried to align traditional knowledge with Western medical knowledge, the theory and practice of Chinese medicine still retains a link with the past. A huge legacy of literature is still accessible (10,000 books according to Sivin 1989 and 12,000 according to Unschuld 1990). The Chinese medical policy of the PRC continues to accord great importance to study of what Máo Zé-Dōng called the treasure-house of Chinese medicine in the hope that it will produce more clinically useful material. In its homeland, Chinese medicine is still, as it were, sitting on a three-edged needle of traditionalism, total revolution, and gradual extinction. These mutually restraining tendencies have prevented a modernisation of Chinese medicine that eliminates all elements that fail to withstand the test of modern scientific research. In the West, a similar tension

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exists between a scientifically based adaptation of Chinese medicine and preservation of the traditional discipline. What elements of Chinese medicine should be adopted and how, if necessary, they should be adapted cannot be fairly judged until a larger quantity of adequate translations of primary texts are available and until an environment has been created that encourages source-dependent transmission.

Adaptation is not necessarily an argument in favour of any target-oriented approach to translation. It is certainly not an argument against the need to transmit knowledge by the mode of translation. Oriental models for the adaptation of Chinese medicine to present-day conditions are bound to be worthy of consideration for a long time to come.

Furthermore, Stephen Birch argues cogently the case that research to find the scientific bases of acupuncture have been negatively affected by the poor availability of accurate and reliable material on the practice of acupuncture, since researchers' questions are often conditioned by Western expectations of acupuncture that have little to do with practice of acupuncture in the Orient (e.g., that acupuncture is a holistic therapy) (Birch 1997). In other words, the adaptation of acupuncture to the modern intellectual environment by a fuller understanding of Chinese medicine in its pre-adulterated form.

To my knowledge, the extralinguistic factors surrounding the transmission of bodies of knowledge and affecting the translation of terminology have not been investigated in any field. There is no theory or research we can draw on to understand the complex issue of the westward transmission of Chinese medicine counter to the general eastward current in the flow of knowledge. Extralinguistic factors in the westward transmission of Chinese medicine, especially the beliefs and attitudes of interested parties, are difficult to pin down objectively. Nonetheless, they are reflected in numerous aspects of transmission. Extralinguistic factors are clearly operant in the selection of aspects of knowledge to be transmitted. They are also operant in the decision between translating primary text in detail or adopting a few kernel ideas and elaborating on them against the cultural background of the recipient culture. As I shall show, they are also operant in the choice of equivalents for Chinese terms, determining whether original concepts are upheld in transmission or adapted to, or ignored because of a different conceptual framework, in the recipient culture.

6.2 APPROACHES TO CHINESE MEDICAL TERM TRANSLATION

One way of determining the best way to translate is to compare different approaches and evaluate them in terms of how well the concepts of Chinese medicine are transmitted. I now intend to do this on the basis of the four basic categories of translation

that were established in 3.1 (German and English Translation of Latin Medical Terms). I shall be concerned to determine whether LGP terms, which in Western medicine were consistently translated by LGP equivalents, receive the same treatment in Chinese-English translation of Chinese medical terms, and to determine the relative extent to which loans, loan-translations, and source-independent formations are applied. I shall also be concerned to see how consistent term-proposers have been. When term choices are viewed against the features of Chinese medicine as described in Chapter 4 (Outline of Chinese Medicine) and the conditions for the reception of Chinese medicine in the modern age as described in the preceding section of the present chapter, the concerns of term-proposers will soon become clear.

I shall examine and compare the English terminologies of eight translators/writers on the basis of their equivalents for 65 Chinese terms. The terminologies are presented in Appendix II. This selection is very limited by comparison with the total terminology of Chinese medicine. Xiè Guān's 1921 *ZYD*, the first comprehensive dictionary of Chinese medicine, contains nearly 37,000 terms, while the 1995 *ZD* contains nearly 32,000. The 120 terms selected here are only a small fraction of either of these figures. Furthermore, the TL-terminologies cover only a brief section of the history of transmission (1978–present).

The comparison will lead to certain genealogical conclusions about origins of chosen English equivalents. Nevertheless, I place the emphasis of the discussion on trends motivated by extralinguistic concerns rather than on the history of individual term choices.

Equivalents are not to be found in all cases, either because they lie outside the scope of a given work or the English terms are not pegged to Chinese. Untraceable equivalents are marked by —. It is noteworthy that inability to locate equivalents is significant in itself. Locating equivalents is essentially a back-translation exercise, since texts in which terms cannot be related to SL terms cannot be back-translated accurately.

Finally, the eight terminologies are presented in chronological order of the source texts from which they were taken. In some cases, the terminologies had appeared before the source-texts quoted. For instance, the source I have quoted for my own terminology is a 1995 publication, while an early version of the terminology (different largely only in detail) had appeared in 1990. The order of the terminologies as presented below only partially reflects any chronological development.

6.2.1 MANN'S TERMINOLOGY (1962)

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ment of acupuncture in the UK. Mann's terminology (see p. 386) is taken from *Acupuncture: The Ancient Chinese Art of Healing*, whose bibliography includes both Chinese and Western sources.

It has not been possible to isolate all the representative terms chosen for two reasons: a) Mann presents only acupuncture and excludes medicinal therapy to which a number of the chosen terms relate; b) he is concerned with the clinical application of acupuncture and with explaining its mechanisms in terms of the scientific understanding of health and sickness.

Mann uses the transcriptions Yin and Yang, Qi, Jing, and Shen, but for the last three also uses the translations energy (of life), essence, and spirit. He follows Soulié de Morant in speaking of *five elements* and *meridians*. Most other terms are semantic translations. Although Mann apparently used primary Chinese sources, his aim apparently has not been to provide a detailed reproduction of Chinese acupuncture.

Mann's cavalier presentation of traditional concepts suggests that he did not rely too heavily on his Chinese sources. A striking example is his treatment of the two forms of saliva recognised traditionally in Chinese medicine (涎 *xián* and唾 *tuò*), the one associated with the spleen and the other with the kidney. Mann says that the 'liquid emitted' (the original locus in the *Sù Wèn, Xuānmíng Wǔqì Piān* has no such expression: 五藏化液：心爲汗，肺爲涕，肝爲淚，脾爲涎，腎爲唾，是謂五液。) by the spleen is saliva, while that emitted by the kidney is urine, which of course Chinese medicine does associate with the kidney, but not in the context of the five humours. It would be difficult to ascertain whether this notion was drawn from any Chinese text.

A notable element of Mann's terminology is his choice of the word *sedate* as the equivalent of 瀉 *xiè*. This term is of great interest because of the currency it gained, and to some degree retains, in the English-speaking community of Chinese medicine on the one hand, and its foundation in a conception of the mechanisms of acupuncture completely alien to its Chinese origins on the other.

The Chinese 瀉 *xiè* denotes, among other things, a therapeutic action performed in needle therapy. Its literal meaning is 'to flow', 'cause to flow', 'to drain'. In the acupuncture context, 瀉 *xiè* is a needle stimulus used to free accumulations of evil (邪 *xié*, often called 'pathogenic factors') or stagnant qì. As discussed in 4.1 (The Beginnings of Deterministic Medicine), the ancient Chinese considered the 經絡 *jīng luò*, 'channels and network vessels', as rivers and waterways traversing the body, that constitute the necessary transportation links between the various internal organs and body parts. When qì, for

one reason or another, stagnates in part of the channel system, then a 瀉 *xiè*, ‘draining’ stimulus, is used to restore normal free flow.

As far as it is possible to tell, the word *sedate* came to be used as the equivalent of 瀉 *xiè* on account of a belief that the channel system in some way corresponds to the nervous system, and that the condition of stagnation corresponds to an excitation of the nervous system that is to be treated by a relaxing or sedating stimulus. Nevertheless, the transposition of the Chinese concepts into modern concepts of the nervous system involves a shift to a completely incompatible frame of reference in which the ideas are not parallel but opposite. If what is being described is the Chinese system of channels and network vessels and not the nervous system, the application of the word *sedate* gives a misleading impression of the process involved in the treatment. *Sedate* comes from the Latin *sedare*, to ‘cause to sit’, or to ‘seat’, which is directly related to the English words *sit*, *seat*, *settle*, and *sediment*. ?? *Sedate* implies a calming or settling action, when applied to the streams of fluid-like *qì* in the body, would, logically, result in a slowing down of activity and movement. The result of a sedating action is precisely the opposite of that of 瀉 *xiè* stimulus. Thus, to call the stimulus used to treat *qì* stagnation a *sedating* stimulus suggests a therapeutic mechanism that would aggravate rather than relieve the condition (Wiseman 2001; Birch 1998).

The word *sedate* fails to represent the traditional Chinese medical concept. This becomes clear when we probe deeper into the Chinese concept. Let us examine the implications of the 開闔補瀉法 *kāi hé bǔ xiè fǎ*, ‘open and closed supplementation and drainage method’, which involves pressing (closing) the hole in the skin supposedly left after the extraction of the needle to produce a supplementing stimulus, or which involves waggling the needle on extraction so as to widen the hole to produce a draining stimulus. The obvious implication of this method is that widening the hole facilitates the discharge of *qì* from the body, whereas pressing the hole prevents the *qì* from escaping. A further implication is that *qì* is something that can escape from the body through a physical hole (i.e., some sort of substance). While the term 瀉 *xiè*, ‘to drain’, concords with this conception of *qì*, the word *sedate* does not. It is difficult to see how the word *sedate*, with its connotations of calming, tranquilising, and settling, could meaningfully describe what traditional Chinese healers understood themselves to be performing. In other words, it is also difficult to see how anyone using the word *sedate* could have conceptions of the therapeutic action and of *qì* that in any way match Chinese conceptions.

Of course, a problem that underlies considerations of word choice here is that we have no proof of the existence, let alone the nature, of the channels or of the *qì* that flows

through them. We have no direct experience of how a 瀉 *xiè* stimulus actually affects the body. We have no direct observations that we could describe with our own choice of words. Concerning the channels, *qì*, and their behavior, we only have statements in language and the concepts that those statements suggest. The speculative nature of these concepts makes them vulnerable to alteration in the process of translation. In the absence of detectable objective referents, alien concepts (such as those derived from the nervous system) can easily be projected onto the original concepts.

The adoption of the word *sedate* evidently arose out of an attempt to make clear what is in reality not very clear by basing this Chinese concept on the solid bedrock of scientific reality. It reflects Mann's concern to explain the effects of acupuncture in terms of the nervous system. We should note that although research has been able to demonstrate that certain effects of acupuncture can be explained through the nervous system, no evidence has been put forward to show that the channel system as a whole corresponds to the nervous system or even that it exists as a single entity. And, interestingly, in recent years, Felix Mann has denied the existence of the channel system (Mann 1992: 31–39).

Paradoxically, the choice of *sedate* may have little or no neurological justification (Pomeranz, personal communication 1997). Scientific experiments to discover the scientific basis of acupuncture usually use electrical stimulation. Generally, a powerful electrical stimulus is held to correspond to the traditionally draining stimulus, while a weak stimulus is held to be a supplementing stimulus. If this is true, then the draining stimulus in neurological terms is excitatory rather than inhibitory. Consequently, *sedative* would be inappropriate if the choice of English term were to be based on the neurological model.

Although the use of the word *sedate* has its origins in a scientific (or quasi-scientific) model of acupuncture, it continues to be used, and I suggest that this is not so much because it is felt to place the channel system on firm neurological foundations, but rather because its connotations are in keeping with conceptions of Chinese medicine as a soft therapy geared to restoring balance rather than to the forceful removal of offending forces. When *qì* is conceived as some sort of 'vital energy', as it often is, the notion of 'sedate' implies a rebalancing of energy, whereas the semantic translation 'drain' implies that the body is being weakened. In the choice of *sedate* as the rendering for 瀉 *xiè*, we see how the naming of a concept can shape its interpretation.

A logical consequence of these comments is that traditional presentations of acupuncture and modern adaptations of them should be kept completely separate, sep-

arately labelled, and should each be expressed in a terminology in keeping with the concepts.

6.2.2 PORKERT'S TERMINOLOGY (1978)

Manfred Porkert's terms, listed on p. 388, are from his *Theoretical Foundations of Chinese Medicine: Systems of Correspondence*, published in 1978. The Chinese sources in his bibliography outnumber the Western ones.

The main feature of Manfred Porkert's terminology is that his standard terms are in Latin rather than English. English terms are given as explanations, and are the standard form for terms regarded (by Porkert) as less important (e.g., flavours, symptom terms).

Many LGP terms are translated with their Latin and/or English equivalents. Examples in English include: 皮 *pí*, skin; 骨 *gǔ*, bone; 苦 *wèi*, bitter; 甘 *wèi*, sweet; 淚 *lèi*, tears; 汗 *hàn*, sweat. Examples in Latin include: 筋 *jīn*, *nervus*; 風 *fēng*, *ventus*; 寒 *hán*, *algor*.

Borrowing in the form of Wade-Giles transcriptions is chosen for a number of terms: 陰 *yin* (Porkert's italics are retained), 陽 *yang*, 氣 *ch'i*, 血 *hsüeh*, 精 *ching*, 神 *shen*, 血脈 *hsüeh-mo*. Porkert adopted Hànyǔ Pīnyīn only in later works.

The LSP-bound terms are mostly translated into Latin, usually by loan-translation: 衛氣 *wèi qì, ch'i defensivum*; 營氣 *yíng qì, ch'i constructivum*; 大氣 *dà qì, ch'i magnum*; 陽明 *yáng míng, splendor yang*; 少陽 *shào yáng, yang minor*; 命門 *mìng mén, porta fortunae*; 君火 *jūn huǒ, ignis principis*; 相火 *xiàng huǒ, ignis ministri*.

Some of the Latin translations are not literal or semantic: 肝 *gān, orbis hepaticus*; 胃 *wèi, orbis stomachi*; 邪氣 *xié qì, ch'i heteropathicum*. Many of the English explanatory terms are full-blown source-independent formations: 氣 *qì*, configurational energy (and also its Latin counterpart *configuratio*); 精 *jīng*, structive potential; 神 *shén*, configurative force; 血 *xuè*, individually specific structive energy. I shall address this issue shortly.

Porkert's use of Latin terminology deserves some attention, especially since he does not offer any justification for his preference for Latin over English in the introduction to *Theoretical Foundations*. The use of Latin terminology in certain modern fields is a legacy of the era when Latin was the lingua franca of Europe. The standard language of botany and zoology continues to be Latin because all the early work was done in Latin, and to replace the Latin nomenclature would be a considerable feat. No new subject fields or disciplines that have developed in the modern era (e.g., computer science) have adopted fully-fledged Latin technical terms or nomenclatures. Latin of course con-

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tinued for a long time to be the language of scholarship not only because it transcended regional boundaries, but also because it had for centuries been the vehicle of high culture; in this role, it could only be replaced by the vernacular languages once these were sufficiently developed. Nowadays, English has assumed the role of lingua franca, not just among Westerners but across most of the globe. As John Lyons (1981: 328) has stated, the English language has been greatly enriched by its use as a native language of English-speaking settlers in parts of all five continents. In view of this, there would appear to be barely any need in the English translation of Chinese medical literature to translate the terminology into a language that is now learned only by specialists, particularly as English has borrowed most of Latin's lexis (without the complexities of the grammar). It is ironic that Porkert, as a German who, in order to reach a wider readership, writes not in Latin but in English, should have missed this important point.

The nonliteral element of the Latin translations and English explanatory terms for LSP-bound terms deserves further consideration. Porkert consistently refers to individual internal organs by Latin *orbis* (pl. *orbes*) followed by an adjectival form of the Latin name of the organ. He claims that in Chinese medicine the organs have morphological substrata, but that these are of negligible value by comparison with the functions that the 'orbs' represent. He does not go into the epistemological matter in depth, and does not deal with the obvious observation that organs whose functions are deducible from external observations were ascribed functions very similar to those recognised in modern medicine, and those organs whose activities are not visible externally were not (as I explained in 4.1, Beginnings of Deterministic Medicine).

The word *orbis* is Porkert's addition; in no traditional Chinese text has any word whose meaning vaguely resembles that of the Latin *orbis* (a circle, ring, anything round) been used to describe the internal organs. In Chinese medicine, the internal organs are described as 'governing' (主 *zhǔ*) various activities and other parts of the body. The organs and the parts and the functions that they govern can be regarded as systems or spheres or orbs, but this conceptualisation was never realised in the form of an actual Chinese term denoting it. I would suggest that Porkert wishes to highlight the Chinese conception of the organs by inserting the word *orbis* because of discrepancies, in some cases major differences, between functions accorded to the organs in Chinese medicine with those ascribed to them in Western medicine. In Chinese medicine, for instance, the spleen is an organ of digestion, whereas in Western medicine its chief function is that of maintaining the proper condition of the blood and adding lymphocyte cells to the circulation. In Chinese medicine, the kidney not only governs urination but also stores essence which, when

strong, enables the body to grow, develop, and reproduce, and which, as it wanes, explains how the body weakens in old age, whereas in Western medicine it has the function of excreting waste products as urine, but has nothing to do with reproduction, growth, development, or ageing. Porkert's practice of speaking consistently of *orbis lienalis* rather than *lien*, *splen* or *spleen*, etc., is intended to prevent the Western reader from confusing the 'Chinese medical spleen' with the 'Western medical spleen', and discourage him/her from believing that the Chinese medical understanding of the organs is anatomically based. In reality, it merely serves to confirm the conviction that only the Western medical understanding of the spleen deserves to be labelled by the word *spleen*. We here encounter one of the major sources of disagreement among translators, which I shall have occasion to take up again later.

Porkert, as indeed every modern translator, refers to yīn and yáng by transcription. As most, but not all translators, he refers to qì by transcription (*ch'i*). Like many others, he refers to 精 *jīng* (*ching*) and 神 *shén* (*shen*) in transcription. Nonetheless, like few other translators, he does not translate, but transcribes 血 *xuè*, which Chinese-English translators of general (nonmedical) texts usually render as *blood*. The reason for this is the same as for his choice of designations for the internal organs. Porkert effectively tells us that Chinese medicine is not really concerned with the physical substance blood, but fails to explain why the term 血 *xuè* should have been chosen to designate functions that have little to do with the physical substance the term denotes.

The source-independent formations of the explanatory English terms are explained in the same way. *Individually specific structive energy* is intended to reflect the Chinese understanding of *hsüeh*, but his explanation is unfortunately incomplete, and the reworked concepts have a decidedly twentieth-century air.

Porkert's terminological treatment of the internal organs and bodily substances prompts conjecture about the conditions that allowed it. The Chinese understanding of the internal functioning of the human body, as I suggested in Chapter 4 (Outline of Chinese Medicine), is largely speculative. Whatever confirmation for their understanding may have arisen in the clinical practice of healing, the fact remains that medical scholars never produced direct evidence to demonstrate their speculations. The failure to consistently relate functions to material substrata allows the possibility in modern interpretation to decisively detach function from matter for the purposes of eliminating clashes between traditional Chinese and modern Western knowledge. For anyone who happens to miss the mention of *blood* (Porkert, 1978: 185), the detachment would be more or less complete. Neither *hsüeh* nor *individually specific structive energy* preserve any relationship with

the red fluid that escapes from wounds. Porkert appears to have confused the task of translation with that of presenting his highly rarefied personal view of Chinese medicine quite alien to its original conception.

If Porkert's reason for labeling the organs as *orbes* in Latin derives from the fact that Chinese medicine, unlike Western medicine, is unconcerned with physical entities, then one might wonder why he does not refer to external influences such as wind, cold, dampness, etc., by some similar technique, since, unlike modern medicine, Chinese medicine understands these entities to influence specific internal organs (see 5 Extension Status). After all, the Chinese 風 *fēng*, for example, denotes the same meteorological phenomenon as the English *wind*, but, as used in medicine, it denotes something that can enter the body, and even arise within it. Porkert offers Latin translations for five of what he calls the six climatic or seasonal excesses (六淫 *liù yín*), but he generally refers to them by their English names. Latin apparently has no equivalent for 暑 *shǔ*, the heat of summer (which Porkert confusingly translates as *damp heat*). I suggest the reason why Porkert treats the six excesses differently from the blood and the internal organs is that while Western medicine positively disagrees with the Chinese medical understanding of certain of the internal organs, it has no theories about wind, cold, or dampness that positively clash with those of Chinese medicine.

Porkert's erratic choice of English and Latin is observed in other parts of his terminology. He renders the names of the five fluids partly in English (tears, sweat, nasal secretions) and partly in source-independent formations in Latin (*saliva lienalis*, *saliva renalis*). Of the five types of tissue and body parts governed by the internal organs, only 筋 *jīn* apparently receives a Latin designation *nervus* (originally meaning sinew in Latin).

Porkert devotes two pages of the introduction of *Theoretical Foundations* to a discussion of terminology, most of which centres around the need to distinguish between technical terms whose meaning has remained constant and those used in specific senses by certain writers only and around the need to establish what he calls normative equivalents for the former category. This distinction is not as easily drawn as he claims: Porkert's Latin names for pulses suggest a constancy of meaning in pulse terminology that is not supported by any evidence (Féng 1997). The terms 表 *biǎo* and 裡 *lǐ* are used in at least two distinct senses (see 5.3.2 Unity of Term and Concept). Far more importantly, however, Porkert's introduction gives no indication of the principles he applies in the selection of TL equivalents.

Porkert was the first writer to speak of a need for a standard terminology for Chinese medicine. To his misfortune, neither his terminology nor his unique view of Chinese

medicine have been well received; most people find his work abstruse. Even his close associate Nathan Sivin, who did more to explain Porkert's approach than Porkert himself by contributing a foreword to *Theoretical Foundations*, and who adopted many elements of Porkert's terminology in a highly informative introduction to Chinese medicine (Sivin 1987: 3–199), shunned his Latin terms and his explanatory English terms. Although Porkert's terminology was influential for a time, his thoughts on Chinese medicine are apparently no longer much appreciated: *Theoretical Foundations* has already gone out of print, as have others of his works.

Porkert's terminology, as contained in his *Theoretical Foundations of Chinese Medicine*, covers the narrower field of ancient acupuncture. As we now move on to examine the terminology contained in PRC sources, we are able to broaden our view to include terminology pertaining to disease states, the modern form of pattern identification, and methods of treatment.

6.2.3 XIÈ ZHÚ-FÁN'S TERMINOLOGY (1984)

The first PRC terminology to be presented is that of Xiè Zhú-Fán 謝竹藩 (see p. 389) contained in *Dictionary of Traditional Chinese Medicine* (1984), which, unlike any of the other lexicographical sources I have chosen for the present analysis, is presented in thematic order.

Xiè's terminology bears evidence of Porkert's influence. Although it does not include any of Porkert's Latin terminology, certain of Porkert's English terms are included as alternative names: 營氣 *yíng qì*, constructive energy; 五行 *wǔ xíng*, Five Elements, Five Evolutive Phases; 絡脈 *luò mài*, collaterals, reticular conduits. The organ names are translated by LGP equivalents (liver, heart, spleen), but Anglicised forms of Porkert's names are also given (hepatic orb, cardiac orb, splenic orb), although these optional alternatives nowhere appear in compound terms.

Borrowing, which in this, as all PRC sources, takes the form of Pīnyīn rather than the Wade-Giles system that Porkert used in his earlier writing, is limited to yin, yang, qì, and channel names. Partly literal English translations are given as alternatives for the channels, but these appear in no compounds. Unlike Porkert, he gives English translations for 精 *jīng* (essence), 血 *xuè* (blood), 神 *shén* (mental faculties), 血脈 *xuè mài* (blood and vessels).

Loan-translation is in evidence: 氣滯 *qì zhì*, qì stagnation; 奔豚 *bēn tún*, running piggy; 命門火衰 *mìng mén huǒ shuāi*, decline of the fire of the Vital Gate; 命門 *mìng*

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Paraphrastic source-independent formations are conspicuous: 淋證 *lín zhèng*, urinary disturbance; 肝氣犯胃 *gān qì fàn wèi*, perverted flow of exuberant Qi (vital energy) of the liver leading to dysfunction of the stomach; 濕困脾陽 *shī kùn pí yáng*, disturbance of Yang (vital function) of the spleen owing to external cold dampness; 回陽救逆 *huí yáng jiù nì*, restore Yang (vital function) from collapse. Much more pronounced, however, is a tendency to match LSP-bound Chinese medical terms with Western medical terms: 喘促 *chuǎn cù*, dyspnea and tachypnea; 消渴 *xiāo kě*, diabetes; 崩漏 *bēng lòu*, uterine bleeding; 中風 *zhōng fēng*, apoplexy; 痿證 *wěi zhèng*, flaccid paralysis of the limbs; 痹 *bì*, rheumatic or rheumatoid arthritis, arthralgia; 風熱眼 *fēng rè yǎn*, acute conjunctivitis. This is done even when it incurs a breakdown in the systematicity of the Chinese medical nomenclature, as is seen when 淋證 *lín zhèng* is translated as *urinary disturbance*, but 石淋 *shí lín* is translated as *urolithiasis*. Yet another example is 祛瘀活血 *qū yū huó xuè*, which literally means ‘dispel stasis and quicken (enliven) the blood’, is turned into *promote or activate blood circulation by removing blood stasis*, a translation that introduces a Western medical notion of blood circulation that does not form part of Chinese medical knowledge (see Sivin’s answer to Needham’s contention that it does, Sivin 1998: 438–440).

Xiè’s terminology reveals numerous inconsistencies. For example, 心煩 *xīn fán* is translated as *fidgets*, but 煩燥 *fán zào* is translated as *irritability and restlessness*, even though the meaning of 煩 is the same in both cases. Different translations of the character 痹 *bì* are given for generic term, (rheumatic or rheumatoid arthritis), and the specific 風痹 *fēng bì* (arthralgia due to wind).

Inconsistencies can lead to the deletion of concepts in translation. Xiè translates 九竅 *jiǔ qiào* as ‘nine body orifices or openings’, but the notion of orifice or opening disappears when he translates 開竅 *kāi qiào* as *resuscitate*. The problem here is that the orifice is usually (but not always) referred to in this therapeutic term, which literally means ‘open the orifice(s)’, is not the tongue (the orifice of the heart) or any of the nine orifices in specific, but the orifices of the heart (心竅 *xīn qiào*). *Opening the orifices* (of the heart) is a metaphorical (?) expression for bringing the patient back to conscious contact with the world. The word ‘resuscitation’ neatly hides the original explanatory metaphor. Again, 神 *shén* is translated as ‘mental faculties’, but this changes to ‘nerves’ (a concept that does not exist in Chinese medicine) in the term 養心安神 *yǎng xīn ān shén*, nourish the heart and soothe the nerves.

There is evidence that native-speaker competence is lacking in at least one term: *running piggy*. The Chinese 豚 *tún* is an adult word for a young pig.

To sum up the features of Xiè's terminology, LGP equivalents are used wherever possible, and Pīnyīn is used sparingly. The main principle apparent in the translation of LSP-bound terms is the institution, wherever possible, of Western medical terms.

6.2.4 CEMD TERMINOLOGY (1987)

We now move on to the equivalents offered in the alphabetically ordered *Chinese-English Medical Dictionary* (CEMD), published in 1987 by the prestigious People's Medical Publishing House (人民衛生出版社), and comprising two sections, one of 1,550 pages containing Western medical terms, and a much shorter section of just over 300 pages for Chinese medical terms. The proportions may reflect the relative importance accorded to the two sections by the authors more accurately than the relative sizes of the terminologies. See p. 390.

A number of minor details shows that the CEMD terminology is genealogically related to Xiè's: 五行 *xíng*, five elements, five evolutive phases (now with lower-case initials); 奔豚 *bēn tún*, sensation of gas rushing (like a running piggy); 中風 *zhòng fēng*, apoplexy; 命門火衰 *mìng mén huǒ shuāi*, decline of the fire from the gate of life; 開竅 *kāi qiào*, inducing resuscitation. It should be noted, nevertheless, that virtually all traces of Porkert's influence have been expunged (except for *five evolutive phases*).

As in Xiè's terminology, LGP equivalents appear to be used wherever possible. Although borrowing is kept to a minimum, all the channel names are now given Pīnyīn names without any English translation.

The same tendency toward paraphrase and the use of Western medical terms is equally apparent in the CEMD terminology as in Xiè's: 消渴 *xiāo kě*, diabetes; 崩漏 *bēng lòu*, metrorrhagia and metrostaxis; 風熱眼 *fēng rè yǎn*, acute conjunctivitis. As with Xiè, there is little concern to preserve the systematicity of Chinese medical terminology. This is made more apparent by the alphabetical ordering of the entries, since a lack of systematicity observed in the renderings of contiguous entries suggests the choices were deliberate rather than accidental:

1022. 風火 *fēng huǒ*, wind-fire

1023. 風火疔 *fēng huǒ lì*, lit. 'wind fire scrofula', acute cervical lymphadenitis

1024. 風火相煽 *fēng huǒ xiāng shàn*, wind and fire stirring up each other

1025. 風火牙痛 *fēng huǒ yá tòng*, toothache due to pathogenic wind-fire

1026. 風火眼 *fēng huǒ yǎn*, lit. 'wind-fire eye', acute conjunctivitis

In the above list of terms, the literal English renderings of wind and fire only

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appear in three out of the five terms. The principle that the translator is evidently applying here is that of rendering terms with Western medical equivalents wherever such exist, and translating terms literally when no Western medical term exists. The translator who chooses equivalents in this way apparently believes that the Western medical term is the English equivalent of the Chinese medical term in question, without considering that it is an English equivalent rooted in a completely different frame of reference. Even if we assume that *acute conjunctivitis* is referentially the same as 風火眼 *fēng huǒ yǎn*, we must nevertheless realise that they are conceptually different. In choosing Western medical equivalents that imply an alien frame of reference, the translator apparently considers it more important to show how Chinese concepts relate to Western medical knowledge than to show how the condition is viewed within the system of knowledge that he is engaged in transmitting.

As with Xiè, certain concepts tend to be deleted. The traditional concepts 神 *shén* and 竅 *qiào* are not held intact.

The *CEMD* gives multiple translations for 補 *bǔ*: reinforce, tonify, invigorate, restore, strengthen, supplement; for 瀉 *xiè*, purge, expel, and reduce. There are no clear directions concerning their use.

Bilingual dictionaries have continued to appear in profusion in the PRC. The choice of methods remains fairly constant: use of LGP equivalents, minimal use of borrowing, frequent resorting to paraphrase and Western medical terms. *A Practical Dictionary [sic] of Traditional Chinese Materia Medica* (1994) offers in the preface a comment on translation methodology rarely seen in the PRC, in which the authors state that their principal approach is “mainly literal” (以直譯為主 *yǐ zhí yì wéi zhǔ*), and indeed Western medical disease names are conspicuously absent in the English terminology. The choice of specific equivalents varies considerably. In this dictionary and the *Chinese-English Dictionary of Traditional Chinese Medicine* published in the same year, the word *meridian*, which was originally coined by Soulié de Morant, is used instead of the other suggestions, many of them widely used in Chinese medical circles in the West (notably *channel* and *conduit*), that have been put forward over the last twenty years or more.

6.2.5 MACIOCIA’S TERMINOLOGY (1989/1994)

Giovanni Maciocia, currently one of the best-selling authors of Chinese medical literature in the English-speaking world (see p. 200), provides a list of 56 terms in his primer, *The Foundations of Chinese Medicine* (1989: 486–486), published by the prestigious Western medical publisher Churchill Livingstone. In the absence of a comprehen-

sive bilingual list the following list has been compiled from *The Foundations* and *The Practice of Chinese Medicine* (1994). Both books contain Chinese and Western references. See page 392.

Maciocia largely adopts the terminology used by Bensky and co-authors, which to my knowledge has not been published in list form. He discusses a few of his term choices in Note on the Translation of Chinese Medicine Terms (*Foundations*, xiii—xv), where he suggests a preference for semantic translations. He notably opts for Directing Vessel instead of the more common Conception Vessel for 任脈 *rèn mài*.

In his texts, Maciocia capitalises the initials of the terms contained in his glossary and a number of other basic terms including those denoting bodily substances (Qi, Blood, Phlegm), organs (Heart, Uterus), adjectives describing the colours of the tongue and characteristics of the pulse (Choppy pulse, Knotted pulse, Purple tongue, Red tongue, Rapid pulse). Strangely, *deficiency* (虛 *xū*) is not normally written with a capital.

The chief feature of Maciocia's terminology by comparison with those discussed so far is that he recognises Chinese medicine to possess a very limited number of terms. In his Note on the Translation of Chinese Medicine Terms, he claims to have “reviewed afresh all Chinese medical terms,” and provides what he calls a “full glossary” (pp. 485–486), which contains 56 terms. Even though he has since explained that he meant only all terms contained in the book, he still allows us to conclude that he believes that the basic theory of Chinese medicine is expressed in a small number of terms. By comparison *Fundamentals of Chinese Medicine* (Wiseman & Ellis 1994) contains a glossary of over 330 major or commonly occurring terms, but many other terms that crop up only once during the text are footnoted instead of being included in the glossary.

In keeping with his statements about the scope of Chinese medical terminology, his books make it almost impossible to locate equivalents, especially in the realm of disease signs and methods of treatment. The problem in finding the methods of treatment lies in the fact that *Practice of Chinese Medicine*, in which treatments are described, is arranged according to a mixture of basic symptoms and Chinese and Western medical disease categories. Overall, his method of translation is target-oriented because its detail is beyond convenient scrutiny.

Although Maciocia's work appears to be richly backed by Chinese references, there is evidence to suggest that in fact some of his information comes from (unreferenced) Western sources. His statement that the extraordinary vessels “circulate Essence around the body” (Maciocia 1989: 355) is a theory that he would not have found in any Chinese

source (Birch & Felt 1999: 75; see 6.1.5, Failure to Perceive Language as the Key to Acquisition of Knowledge).

6.2.6 Lǐ Zhào-Guó's TERMINOLOGY (1993/1997)

We now move on to the terminological proposals of the PRC scholar Lǐ Zhào-Guó, as presented in two monographs on the subject of Chinese medical translation entitled *Zhōngyī Fānyì Dǎolùn* (中醫翻譯導論 “Introduction to Chinese Medical Translation”) and *Zhōngyī Yīngyǔ Fānyì Jìqiǎo* (中醫英語翻譯技巧 “The Craft of English Translation of Chinese Medicine”). See page 394. A central feature of Lǐ's translation strategy is to translate compound terms by combining classical morphemes. Although I do not know of any Chinese medical publication applying this terminology, it has provoked considerable interest in the PRC.

Lǐ does not provide a comprehensive set of terminological proposals because he generally accepts current PRC practice. He has little to say about the Western contribution, although his chief criticism is that PRC translators indulge in paraphrase too frequently. The major feature of his own proposed terminology is to translate compound terms and collocations into classical compounds.

The use of classical derivations could theoretically be applied in the translation of Chinese medical terminology just as it is often applied in term creation in modern LSPs. I here offer four criticisms of this method of term-formation in the translation of Chinese medical terms.

The first criticism is that the classical derivations so common in the Western sciences (Western medicine being a classic example), though concise for initiates, are obscure not only for lay but often also for experts in different fields. The term *anemometer* is clear to all meteorologists, but is obscure not only to the layman, who calls it a wind gauge, but also to a physician, who despite his familiarity with a great many Greek word-roots, is unlikely to recognise *anem(o)*—especially in the compound *encephalanemia*, which is Lǐ's rendering of the Chinese 頭風 *tóu fēng*, lit. ‘head wind’. It is for this reason that classical terms always have connotations of ‘technical term’. In the Chinese medical context, this linguistically distorts the relationship between LGP and LSP-bound terms (see 2.3.5, Terminological Translation), and conceptually obscures the cognitive origins of the concepts. As Lǐ's proposed terminology shows, the representation of Chinese medical concepts with Greek morphemes creates a terminology that is almost as unfamiliar to MDs as nonmedical people, e.g., *anem(o)*, ‘wind’, *cry(o)*, ‘cold’, *hygr(o)*, ‘dampness’, *xer(o)*, ‘dryness’. The connotations of learnedness and technicality attached to the Greek

morphemes would give a false impression about the nature of Chinese concepts and their expression in Chinese. This is particularly important in view of the high frequency of the words that Lǐ suggests should be represented in classical roots.

The second criticism is that classical derivations are used in the creation of complex adjectives and nouns, meeting the need in modern terminologies for nominalised forms. The technical expression of Chinese medicine makes greater use of active and stative verbs used predicatively. In his 1993 work, 命們火衰 *mìng mén huǒ shuāi* appears as *hypovitaportipyria*. As explained in Chapter 5 (Nature of Chinese Medical Terminology), English terminology should enable phrases to be interpreted and translated in a nominal or active sense by grammatical rather than lexical change (in the terminology proposed by Wiseman et al., *debilitation of the life gate fire; the life gate fire is debilitated*).

The third criticism concerns native-speaker competence. Lǐ is insensitive to the laws of combination by which classical morphemes tend not to be joined to words of Germanic stock (or highly Anglicised words) except for very commonly used morphemes such as *anti* (e.g., anti-war). Coinings such as *leukoglossocoat* (白苔 *bái tāi*), *yangpenic hygro-sis* (陽虛濕阻 *yáng xū shī zǔ*), and *chanopuncture* (經刺 *jīng cì*), etc., are unlikely to be adopted by native English speakers. Some morpheme combinations such as *pyria* and *pathy* that usually only appear in compounds appear in Lǐ's terminology as full words, again contrary to normal practice.

Fourthly, Lǐ makes rash judgements about what is intelligible to English speakers. He tells, for instance, that certain metaphorical terms would be 'semantically unclear' and 'ridiculous' in English (Lǐ Z-G 1993: 147). He gives the example of the translation of 金實不鳴 *jīn shí bù míng* proposed by the authors of *A Chinese-English Dictionary of Common Terms in Traditional Chinese Medicine* published by Guǎngdōng Science and Technology Press, 'solid bell-metal can't ring'. He says that the actual implication of the term is 'hoarseness or aphasia caused by sthenia of lung-energy' and so the term should be translated as such. The suggestion, however, that an English speaker would find a literal translation (in the proposed terminology, 'replete metal failing to sound'—there is no mention of bells in the Chinese) unintelligible is very much open to question. The student who has learned that the lung is associated with metal in the five phases and that the voice is related to the lung, and who understands that repletion means being affected by a disease evil has no more difficulty in making sense of the metaphor than a Chinese person. In this regard, Lǐ's ideas on translation reflect ideas similar to those of Zhāng Wéi-Huī discussed in 6.1.6. In my experience, Chinese scholars continually underestimate Westerners' powers of comprehension.

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In short, Lǐ's use of classically derived terminology places more importance on a Westernised form than on efficient expression of traditional Chinese concepts.

6.2.7 UNSCHULD'S TERMINOLOGY (1995)

Unschuld's terminology is drawn from his *Learn to Read Chinese* 1995, one of several language-learning texts now available that are specifically aimed at helping students to master Chinese medical Chinese. In the list in Appendix II on page 396, items marked by asterisk do not appear in the stated source; the English equivalents for these were kindly supplied by the author.

As the PRC sources, Unschuld renders organ names with LGP equivalents, and restricts borrowing to yin, yang, and qi.

His approach differs from the PRC sources in that it applies loan-translation more rigorously, over a wider area of terms. In particular, he avoids the use of LSP-bound Western medical terms where they would introduce Western medical ideas into Chinese medicine or fail to highlight any Chinese medical conception.

Unschuld keeps source-independent formation and paraphrase to a minimum. Traditional concepts are not lost in transcription: 神 *shén* is translated as *spirit* and 竅 *qiào* as *orifice* even in the context of the heart. Furthermore, none of his terms appear in uppercase initials, and, though it is probably of little significance, transcriptions are not italicised.

Unlike most PRC sources, Unschuld has outlined the principles of translation he applies (Unschuld 1985: 10; 1989a). He argues that terms denoting things or phenomena experienced by human being at all times and in all cultures should be translated by their semantic equivalents. Thus, 血 *xuè* as 'blood', 水 *shuǐ* as 'water', 骨 *gǔ* as 'bone', 腦 *nǎo* as 'brain', 肺 *fèi* as 'lung', 心 *xīn* as 'heart', and 腎 *shèn* as 'kidney'. He makes a clear distinction between the thing itself and *connotations* or *conceptual associations*. Although the ancient Chinese did not conceive of blood in terms of serum and erythrocytes or water in terms of H₂O, our English words *blood* and *water* are nevertheless equivalents of the Chinese 血 *xuè* and 水 *shuǐ*. The distinction between denotative meaning and connotative meaning is discussed in Chapters 5 and 7.

Unschuld claims that culture-bound terms such as the names of two classes of internal organs should be rendered literally so that the image is preserved in translation. For example, 藏 *zàng* and 府 *fǔ* refer to categories of internal organs that do not appear in any other body of medical knowledge. Such terms, he argues, should be translated literally as 'depots' and 'palaces' because these metaphors shed light on the original conception

include 三焦 *sān jiāo* as ‘triple burner’, 命門 *mìng mén* as ‘gate of life’, 中風 *zhòng fēng* as ‘hit by wind’, 傷寒 *shāng hán* as ‘harm caused by cold’, 中濕 *zhōng shī* as ‘hit by moisture’.

Unschuld emphasises that environmental symbolism built into explanatory models of health and illness is an important precondition for the acceptance of such modes as ‘truth’; that is, explanatory models of health and disease are plausible, first of all, because of their close correspondence to the cognitive impressions man gains from daily experiences in, and observations of, his natural and social environment.

6.2.8 WISEMAN’S TERMINOLOGY (1995)

Wiseman’s terms (see p. 398) are drawn from *English-Chinese Chinese-English Dictionary of Chinese Medicine*, published in 1995, which is a revised and expanded version of *Glossary of Chinese Medical Terms and Acupuncture Points* (1990). The terminology is applied in works by Wiseman and colleagues, notably *Fundamentals of Chinese Medicine (Revised Edition)*, and has also been applied (with some variations) in works by others. It is further elucidated in *A Practical English Dictionary of Chinese Medicine* (1998: 37–80). Wiseman and colleagues are the only native speakers of English to have compiled dictionaries of Chinese medicine and to have related terminology used in translated text to a lexicographical source.

The principles of translation applied in the term selection, which are essentially the same as those applied by Unschuld and those described in the present thesis, are explained in a 40-page introduction to *English-Chinese Chinese-English Dictionary of Chinese Medicine* entitled *The Translation of Chinese Medical Terminology (English and Chinese)*. Here I describe various methods of term-formation (the adoption of existing equivalents, the creation of new terms, and the borrowing of foreign expressions), and show how they should be applied to preserve the concepts of Chinese medicine. There is also a section discussing the conditions under which Western medical terms can be usefully applied without affecting the TL reader’s understanding of the concepts.

In general, this terminology has the same basic features as Unschuld, and differs mainly in certain individual term choices.

6.2.9 GENERAL TRENDS

We can now examine the similarities and differences between the various approaches to Chinese medical term translation that I have described above. When the wide variety of different terms proposed is analyzed according to our four categories (LGP

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equivalents, loans, loan-translations, and source-independent formations), certain trends in term-formation become apparent.

The most global trend one can identify among all the terminologies surveyed is that of the minimal use of direct borrowing in the form of transcription. All the terminologies use yin and yang, most use qì (*qi*, qì or *ch'i*). Some of the terminologies use transcriptions for a wider range of terms (精 *jīng*, 神 *shén*, 血 *xuè*, and the channel names).

In most of the terminologies, LGP terms are translated by LGP equivalents. Nonetheless, the universal practice observed in Western medicine of rendering LGP terms with LGP equivalents is not so clear in Chinese medicine. Porkert uses the word *orb* (or Latin *orbis*) and Maciocia (as well as many others in the West) uses the LGP terms written in upper-case initials. The picture of opinion is not complete here: in the PRC it has also been suggested by several commentators that the internal organs, or at least some of them, should be rendered by transcription. This suggestion has not been adopted in any widely available text. The translation of LSP-bound terms is far more variable. It ranges from loan-translation (Unschuld, Wiseman) through paraphrase to the use of Western medical terms (PRC sources).

Differences in method of translation of both LGP and LSP-bound terms can largely be explained by whether or not term translators consider Western medical understanding to be relevant or not. As I have argued, Porkert's avoidance of LGP equivalents (and possibly Maciocia's use of upper-case LGP terms) for the internal organs, as well as the tendency among PRC translators to transpose Chinese disease categories into Western medical categories can all be considered expressions of a Westernising or modernising, target-oriented trend. As I demonstrated in Chapter 3, LGP equivalents and borrowed equivalents (loans and loan-translations) constitute the norm in Western medicine. I would argue that it *would be* the norm in Chinese medicine were it not for the influence of Western medicine. The difference of opinion concerning translation subsists because Chinese medicine now inhabits a medical environment dominated by modern science. Western medical statements are considered to be truth, not only by Westerners but by Chinese too; moreover they are not refuted by proponents of Chinese medicine. The recipient community may be disenamoured with Western medicine, but it does not share the world view on which Chinese medicine is based. The absence of cultural prestige and bilingualism do not encourage access to it. The translation of Chinese medical terminology is characterised by two mutually opposing trends, one trying to assert Chinese medicine as understood in its own terms, and the other trying to present Chinese medicine as understood in terms of Western medical notions. The differences in approach to translation are attributable to

differences between two bodies of medical knowledge, two world views. This, I suggest, is why the differences in term translation are so persistent.

It is further interesting to note that the Chinese translators whose terminology has been discussed in this section tend on the whole to favour a greater degree of Westernisation than the Western translators. Since Western medicine is now the mainstream medicine in China, it is not surprising that Westernising tendencies in translation should be strong among Chinese translators. Especially noteworthy, however, is the evidence amidst the terminologies presented above that on the one hand Westernising trends are in fact *stronger* among the Chinese than among Western translators, and on the other efforts to assert a source-oriented method of translation come mainly from Western translators. I suggest this is because, given the current wider intercultural state of affairs, Chinese people feel a far greater need to justify Chinese medicine in terms of modern medicine than Westerners do. The Chinese sense the dominance of Western medicine more strongly than Westerners; for them it is a matter of national pride that their indigenous healing arts should be recognised by the Western medical community. The Westernising trend in translation conforms with attempts to discover the scientific bases of Chinese medicine and to integrate it with modern medicine. For the Chinese, points of similarity with Western medicine are more important than for Western translators.

One of the most salient problems brought to light by the terminological comparison is the difficulty in locating equivalents in authors such as Mann and Maciocia. The lack of terms lists (and in Mann's, case even a index) shows that the authors do not consider it important to have terms pegged to the Chinese. This suggests quite clearly that the writers in question believe Chinese medicine to possess only a handful of terms/concepts that need to be preserved in translation. In the terminological samples, no example of terms of highly adapted forms of Chinese medicine have been included. Works such as *Between Heaven and Earth* represent a theory and practice of Chinese medicine so far removed from any known in China that it is impossible to find more than a handful of correspondences to standard Chinese terminology.

6.2.10 FURTHER PROBLEMS

The preceding analysis did not bring to light all the problems relating to the English terminology of Chinese medicine.

A tendency in several of the eight writers is that of forging false bridges between Chinese medicine and the modern view of the body and diseases affecting it. Representative of this tendency are Mann's translation of 瀉 *xiè* as *sedate* and Xiè's translation of 氣

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as energy and 風熱眼 *fēng rè yǎn* as *acute conjunctivitis*. We also observed how certain Chinese medical concepts were not held intact for the TL reader by consistent translation (e.g., 神 *shén*, spirit, and 竅 *qiào*, orifice).

This dilution of Chinese medical conceptuality arising through the use of familiar terms to represent specific concepts deserves further attention. I take Maciocia's treatment of terms denoting parts of the chest and abdomen (Maciocia 1989; 1994) as an example of how a whole family of concepts is obscured in the translation process. As translations from primary texts show (Wiseman & Féng 1998a 1), Chinese medicine imposes divisions on this terrain that differ to some extent than traditional Western divisions. The sides of the chest are known as the rib-side (脅 *xié*). The abdomen is divided into the *greater abdomen* (大腹 *dà fù*), the part above the umbilicus, and the *smaller abdomen* (小腹 *xiǎo fù*), the part below the umbilicus. A small part of the greater abdomen immediately below the breastbone is variously referred to as the [region] *below the heart* (心下 *xīn xià*) or the *heart [region]* (心 *xīn*). The central part of the upper abdomen is called the *stomach duct* (胃脘 *wèi guǎn*). The *lesser abdomen* (少腹 *shào fù*) usually refers to the lateral areas of the lower abdomen, but is sometimes used to mean smaller abdomen. In Giovanni Maciocia's *Foundations of Chinese Medicine* (1989: 156, 173), the same area is described in terms of *thorax, abdomen, chest, flank, hypochondrium, epigastrium, upper part of the abdomen, lower abdomen, lower (part of) the abdomen, upper part of the abdomen just before the xiphoid process, and hypogastrium*. Maciocia's vocabulary largely comes from Western medicine (although not used with Western medical precision), and is difficult to relate to Chinese concepts. *Thorax* and *chest* can be presumed to refer to one and the same thing. *Epigastrium* as an anatomical area corresponds to the *greater abdomen* of Chinese medicine, but Maciocia's diagnostic descriptions suggest that it corresponds to the *stomach duct*. In Maciocia's usage (1989 156), *flank* obviously corresponds to the Chinese 脅 *xié* since it is said to lie under the control of the liver and gallbladder. However, this is confusing because *flank* in Western medicine refers to the side of the body between the lowest rib and the iliac crest, and Maciocia does not redefine it in the sense of 脅 *xié*. A few lines further on, however, he describes stagnation of liver *qì* as being reflected in a feeling of distension and stuffiness of the 'hypochondrium'. In *Practice of Chinese Medicine* (Maciocia, 1994), he describes *hypochondrial pain*, which is equated with the Chinese 脅痛 *xié tòng*. An illustration shows the site of the affected region to be what is called the hypochondrium in Western medicine, but this does not correspond to the region shown in a major Chinese diagnostic text (Dèng 1993) or English work (Wiseman & Féng 1998a). The *upper part of the abdomen just below the xiphoid process* clearly corresponds

to 心下 *xīn xià*, the [region] *below the heart*, but the region is described without being given a name.

Maciocia is obviously at pains not to confront his readers with any new concepts. There is no English word corresponding to 脅 *xié*, and to convey the concept to the English reader (the area from the armpit to bottom rib), we must define it and attach a name to it, so that it can be referred to elsewhere without the definition having to be repeated each time. If we wish to avoid using a transcription, then we are left with the choice of redefining an existing term that does not normally mean the same thing, or making up a new expression. Maciocia takes the first option, but fails provide the Chinese definition. In fact, he uses two different English words *flank* and *hypochondrium* for the single 脅 *xié*, leaving the intelligent reader to wonder if he means one area or two. By rendering 心下 *xīn xià* as *upper part of the abdomen just below the xiphoid process*, he offers a description, but the absence of a name means that he has to repeat his description whenever he wants to mention the area again. The reader apparently gains clinical knowledge directly through the medium of a familiar vocabulary that he/she does not have to (and probably will not) think about. Nevertheless, this convenience is achieved at the expense of transmitting Chinese medical concepts accurately. Insistence on the use of familiar expressions as far as possible creates the impression that Chinese medicine is conceptually more familiar than is in reality. In reality, however, the TL reader does not receive as much information as the SL reader. If it is by denying the LSP-status of terms wherever they can be loosely rephrased in familiar language that the number of items to be considered as technical terms proper can be reduced, for example, from the 32,000 suggested by the *ZD* to the list of 56 that Maciocia claims to be complete, then the loss for the TL reader incurred by this approach to translation may be considerable.

Chinese medical information can also be lost for the TL reader by simple deliberate omission. A notable example recently discussed (Felt, 2000a) is Deadman, Al-Khafaji, & Baker's treatment of 疝 *shàn* in *A Manual of Acupuncture* (1998). The Chinese term denotes diseases that are generically characterised by pain or swelling of the abdomen or scrotum, which, as explained in the *Jiǎnmíng Zhōngyī Cídiǎn* ("Concise Dictionary of Chinese Medicine" 1979) and *Practical English Dictionary of Chinese Medicine* (Wiseman & Féng 1998a), include the following: a) Conditions characterised by the protrusion of the abdominal contents through the abdominal wall, the inguen, or base of the abdominal cavity, and usually associated with qì pain. Terms for such conditions include *mounting qì*, *small intestinal mounting qì*, *small intestinal mounting qì pain*, and *foxy mounting*. The Western medical correspondence is inguinal hernia. b) Various diseases of

the external genitals, corresponding to hematoma of the testis, traumatic injury of testis, orchitis.

These conditions have been called cold mounting (寒疝 *hán shàn*), water mounting (水疝 *shuǐ shàn*), qì mounting (氣疝 *qì shàn*), bulging mounting (癰疝 *tuí shàn*), prominent mounting (癰疝 *tuí (kuí) shàn*), blood mounting (血疝 *xuè shàn*), sinew mounting (筋疝 *jīn shàn*). c) Certain forms of acute abdominal pain associated with urinary and fecal stoppage. The authors of the *Manual* provide a threefold definition of the term similar to the one given above, but fail to make any further distinctions. The *Manual* provides a lengthy list of acupuncture points which can be used to treat 疝 *shàn* (pp. 655–656), but offers no indication as to what specific conditions these treat. It therefore implies that 疝 *shàn* is a generic term for a variety of conditions that despite differences can all be treated effectively in the same way. The fact that different conditions have names that contain 疝 most likely reflects a failure earlier in the development of Chinese medicine to distinguish markedly different conditions. Yet the later developments are potentially of clinical significance. The *Manual* not only deprives the readers of these, but, by not labelling the various different forms, effectively redefines the concept of 疝 *shàn* in such a way as to eliminate the clinical significance of the threefold definition.

Failure to deal with groups of related terms as a whole is a common problem. Chinese medicine observes two kinds of large, suppurating lesions, which it calls 癰 *yōng* and 疽 *jū*, which are referred to as *welling-abscess* and *flat-abscess* in *PEDCM* (Wiseman & Féng 1998a). The Glossary of Technical Terms of *Chinese Herbal Medicine: Materia Medica* (Bensky & Gamble 1986, 1993: 467–470) contains the terms *breast abscess* (乳癰 *rǔ yōng*), *intestinal abscess* (腸癰 *cháng yōng*), and *lung abscess* (肺癰 *fèi yōng*), but the notion of *yōng* is not explained, and 疽 *jū* is not mentioned and set it in relation to *yōng*.

Target-oriented translation that takes the form of bleaching out Chinese medical concepts by familiar expression or of deliberate omission tends to impose a personal interpretation. The reader gets only what the translator thinks is useful in Chinese medicine, not an accurate picture of Chinese medicine; a personal understanding replaces a common understanding. This differs from overt adaptations of the kind proposed by Beinfield & Korngold only by degree.

Yet another way in which readers lose information is through the nonstandardisation of terms. In the analysis of different terminologies above, we saw 正氣 *zhèng qì* variously translated as *ch'i orthopathicum*, *vital-qi*, *body resistance*, *proper qi*, *right qi*, and 真氣 *zhēn qì* variously translated as *ch'i merum*, *genuine energy*, *vitality*, *true qì*.

Quite obviously, the existence of different renderings in the works of different translators and writers makes things difficult for the reader. When terms are not standardised between works, the reader has difficulty establishing conceptual continuity. There is ample evidence of this.

When different translators use one and the same target-language word to render two different source-language terms, confusion can arise. The following table shows how three different translators render the terms representing the seven affects. Note how *worry* crops up in two different places in the table.

Table 9. Comparison of Renderings of Affect Terms

	Wiseman 1994	Chéng 1987	Maciocia 1989
喜 <i>xǐ</i>	joy	joy	joy
怒 <i>nù</i>	anger	anger	anger
憂 <i>yōu</i>	anxiety	melancholy	worry
思 <i>sī</i>	thought	worry	pensiveness
悲 <i>bēi</i>	sorrow	grief	sadness
恐 <i>kǒng</i>	fear	fear	fear
驚 <i>jīng</i>	fright	fright	shock

The word *worry* is paired with different Chinese terms by different translators. This does not necessarily mean that one translator is totally right or totally wrong in his choice. *Worry* is used in different senses in English, and could justifiably be used to render different Chinese words. The point to be made is that translators should be aware of the technical sense of a Chinese term and convey it to the reader through interpolations in the text, footnotes, or mention in a glossary of terms. Ideally, translators should agree on translation equivalents so that eventually interpolations, footnotes, and glossaries would largely be no longer necessary. The first step in this direction is for translators to realise that words, even very ordinary ones that one would not regard as ‘technical terms’, are often, in the medical context, systematically used in specific senses and with specific connotations (connotation, in the context of the terms denoting affects, meaning, for instance, the association with specific internal organs).

The single-term pulse terms provide another example. The following table shows pulse names taken from six different sources. For each Chinese term, there are differences in the English terms used. Some translators use the same term, but there is little consistent

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pattern of agreement between two or more translators over the whole field. Taking the words at face value (as of course many readers do), it is possible to observe synonyms not only for different writers' equivalents of a single Chinese term, but also among different writers' equivalents for different terms. For example, *thready* in Chéng means 細 *xì*; while *stringlike* in Unschuld and Wiseman means 弦 *xián*. The foreign student reading multiple authors might be confused by the existence of *accelerated*, *rapid*, *hurried*, and *hasty*, which in fact describe two distinct, faster-than-normal pulses (there are in fact others). Furthermore, the some of the terms are untraceable in some of the sources.

Table 10. Renderings of Pulse Terms

Chinese	Porkert 1974	Sivin 1987	Chéng 1987	Maciocia 1989	Unschuld 1994a	Wiseman 1994
缓 <i>huǎn</i>	languidus	moderate	—	—	relaxed	moderate
浮 <i>fú</i>	superficialis	floating	superficial	floating	at surface	floating
沉 <i>chén</i>	mersus	sunken	deep	deep	deep	sunken
迟 <i>chí</i>	tardus	retarded	slow	slow	retarded	slow
数 <i>shuò</i>	celer	accelerated	rapid	rapid	accelerated	rapid
虚 <i>xū</i>	inanis	empty	deficiency	empty	depleted	vacuous
实 <i>shí</i>	repletus	full	excess	full	replete	replete
滑 <i>huá</i>	lubricus	smooth	rolling	slippery	smooth	slippery
涩 <i>sè</i>	asper	rough	hesitant	choppy	rough	rough
洪 <i>hóng</i>	exundans	swollen	surging	—	vast	surging
细 <i>xì</i>	minutus	small	thready	fine (thin)	fine	fine
弦 <i>xián</i>	chordalis	strung	string-taut	wiry	stringlike	stringlike
紧 <i>jǐn</i>	intentus	tense	tense	—	tense	tight
促 <i>cù</i>	agitatus	hurried	abrupt	hasty	hurried	skipping
结 <i>jié</i>	haesitans	hesitant	knotted	knotted	knotty	bound
代 <i>dài</i>	intermittens	intermittent	regularly intermittent	intermittent	intermittent	intermittent
濡 <i>rú</i>	lenis	soft	soft	weak-floating	soft	soggy
弱 <i>ruò</i>	invalidus	weak	weak	weak	weak	weak
微 <i>wēi</i>	evanescens	subtle	—	minute	feeble	faint
芤 <i>kōu</i>	cepaucalicus	hollow	—	—	scallion-stalk	scallion-stalk
大 <i>dà</i>	magnus	large	—	—	large	large

It is quite easy to see how the conflation of concepts due to inappropriate word choices exacerbates the lack of terminological standardisation. Let us take the example of two similar pulse terms, 無力 *wú lì* and 弱 *ruò*. A pulse that described as 無力 *wú lì*, literally ‘having no force’, is not the same as a pulse described as 弱 *ruò*, ‘weak’. 無力 *wú lì* is a descriptive term that can be applied to many pulses that, in addition to their other qualities, are lacking in strength. The term 弱 *ruò*, ‘weak’, by contrast, in most Chinese literature (possibly not, however, the earliest), specifically denotes a pulse that apart from being forceless is also sunken (沉 *chén*) and—according to some definitions—fine (細 *xì*). Although the Chinese terms appear to be synonymous, in reality they are not, since

The challenge we face in the creation of an English terminology of Chinese medicine is to ensure conceptual distinctions made in the SL are upheld in the TL, and this can only be done satisfactorily when terminological distinctions in the SL are reflected in the TL. If the translator is unaware of the distinction between 無力 *wú lì* and 弱 *ruò*, or if, though aware of it, fails to reflect it in translation and draw the reader's attention to it, then the reader might not grasp it. If translator A translates 無力 *wú lì* and 弱 *ruò* as 'forceless' and 'weak', respectively, but translator B translates both terms as 'weak', and translator C translates them both as 'forceless', the distinction will not get through to all readers. Of course, the reader who only reads translator A's works will understand it clearly. But those who have learned the distinction in A and who try to apply their understanding of the distinction when reading B and C will have a distorted understanding of B and C. Again, students who read B and C without reading A will not have any notion of the distinction at all. They will be likely to think that 'forceless' and 'weak' mean roughly if not exactly the same thing. Unless all writers distinguish 無力 *wú lì* and 弱 *ruò* with the same consistently used English terms, they might as well not bother making any distinction in name at all.

The problems of translation proper arise over disagreement as to whether or not to take Western medical knowledge into account. They also arise from problems of literal synonymy in the specialised uses of terms. However, the lack of standardisation of Chinese medical terms lies not only in specific translation problems, but also in the fact that some literature is not translated. I suggest that the desire to mould Chinese medicine to conform to the tenets of complementary health-care creates a tendency toward adaptation and minimises the importance accorded to language and to gaining access to primary sources of information. This and the general lack of critical scrutiny applied in complementary health-care conjugate to minimise awareness of the problems of transmission and the benefits of standardisation.

The advantages of a standardised, source-oriented TL terminology should now be quite clear. Source-orientation provides the greatest safeguard against translators' imposing their own interpretation of concepts. Standardisation spares TL readers confusion, and helps them to build their understanding on a sound basis. Such a method of translation requires a greater effort from TL students because it introduces the Chinese conceptual framework in much greater detail. This is evidenced by the passage about yellow facial complexion taken from *Fundamentals of Chinese Medicine* (Wiseman, et al. 1985/1994) cited on page 199, which includes five footnotes explaining terms used in the passage. When all translators employ standardised equivalents and terms such as those footnoted

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in this passage are accessible in a dictionary (as three of the four came to be in the 1998 *PEDCM*), the TL student does not need to wrangle with the possible meanings of words intended by any author. For the student or teacher who is proficient in Chinese and familiar with Chinese-language literature (the person who naturally tends to shun translated literature), any text translated in this way is instantly back-translatable and hence has a degree of authority closely approaching that of any primary text.

There is great reluctance to consider the value of such an approach to the transmission of Chinese medicine because it implies that Chinese medicine is not a simple hands-on healing method, but a knowledge corpus requiring academic study. It also brings into sharp focus the fact that Chinese medicine can ultimately only be transmitted by the vehicle of language. It would also require a level of cooperation and discipline of which the Chinese medical community of the English-speaking world has so far not shown itself capable.

CHAPTER 7

PROPOSED METHODOLOGY OF TERM TRANSLATION

The reasons for source-oriented translation can be summed up as follows: the speculative nature of concepts, the lack of integration of knowledge, and the descriptive rather than denominative nature of metaphor, in addition to the arguments that have been found to hold in the translation of Western medical terms into Chinese, namely the practical advantage of TL equivalents that look like the SL terms. The present chapter describes in detail the proposed methodology for the translation of Chinese medical terms.

In its precise detail, the proposed methodology is designed exclusively for the source-oriented English translation of Chinese medical terms. Although I have shown precedents for source-oriented translation, the detail of the methodology does not claim any validity beyond the confines of LSP terminologies such as that of Chinese medicine that lack a modern scientific ideal of one truth for each phenomenon and one term for each concept.

7.1 LOANS (PĪNYĪN TRANSCRIPTION) VERSUS LOAN-TRANSLATIONS

Having established the validity of the principle of source-translation, we have to decide whether the main mode of translation is to be loan or loan-translation, that is, whether we are to follow a model similar to that of the English translation of Latin medical terms or the Chinese translation of Western medical terms (or something in between). The question resolves around how viable loans are.

Borrowing from Chinese now takes the form of transcription. Words borrowed

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hàn yǔ pīn yīn) adopted officially by the PRC government in 1958, and throughout the world by 1979. Pīnyīn transcription has gradually replaced the Wade-Giles system, and is now even being used in Táiwān, the home of its staunchest opponents.

I propose that transcription is not an option for the translation of a large mass of terms, for the following reasons: Firstly, as stated in Chapter 3, English has no tradition of intensive borrowing from Chinese (Pyles & Algeo 1993: 310). It has never systematically borrowed families of terms from any language other than Latin, possible exceptions being those of Vedism, Buddhism, and music scores from Sanskrit and Italian. Secondly, the Chinese language has no genealogical relationship with English, and for this reason Pīnyīn words in themselves convey no meaning to English speakers. Thirdly, Chinese has many same-sounding words and words distinguished only by tone, a facet of Chinese pronunciation that cannot be easily transferred into English. For example, if the translator decided that 脾 *pí*, ‘spleen’, 痞 *pǐ*, ‘glomus’ and 滯 *pì*, ‘afflux’, should best be represented in Pīnyīn transcription, he/she would introduce the confusion of homophony, since the tonal difference does not exist for English speakers. Fourthly, Pīnyīn transcription is ineffectual when used for the translation of stative and active verbs (and nouns derived from them). It is generally recognised that words of these classes are less easily borrowed in any language (Trask 1996: 314; Lass 1997: 190). They are by nature descriptive and need to be translated with self-explanatory descriptive vocabulary. For instance, it seems almost unimaginable that English speakers would ever get into the habit of saying ‘*bǔ* the centre and *yì* the qì’ or that a facial complexion is ‘white or *qīng*’.

In Chinese medicine, LSP-bound terms are numerous, and texts are often densely packed with them. If all LSP-bound terms were translated by Pīnyīn, the result would be texts such as the following:

Bìng zhèng that arise when xié qì is exuberant and zhèng qì is not debilitated (e.g., wài gǎn, tán yǐn, xuè yū, shí zhì, and hán jī bìng zhèng) are treated by methods that remove the xié qì such as jiě biǎo, qū tán, huó xuè huà yū, ruǎn yìng, xiè xià, and xiāo dǎo.

In translation practice, Pīnyīn transcriptions are used for the channel names and certain acupuncture point groupings, for drugs, and for physiological entities (jīng, qì, shēn). The use of Pīnyīn in these areas is by no means a last resort, and is probably due to the influence of Chinese teachers, or due to the prestige value attached to a handful of known Chinese words. In any given text, the number of concepts labelled only in Pīnyīn is usually limited to, probably little more than, a handful of terms. Of course, in better

translation practice, Pīnyīn is supplied parenthetically in addition to a translation for key terms and the names of medicinals, formulas, and acupuncture points as the following examples show:

415. Radix Glycyrrhizae (*gān cǎo*)

416. HT-7 (*shén mén*, Spirit Gate)

417. Perfect Major Supplementation Paste (*shí quán dà bǔ gāo*)

Some transcriptions are well established. No translator nowadays would consider any rendering other than transcription for the culture-bound terms *yīn* and *yáng*. It is useful to consider why this is so. The Chinese 陰 and 陽 originally denoted dark and light topographical slopes, respectively. *Yīn* was the north side of a mountain or the north-facing, i.e., southern, bank of a river; *yáng* was the south side of a mountain or the south-facing, i.e., northern, bank of a river. English does not have words specifically denoting slopes in relation to the sun's rays. When used symbolically in the philosophical doctrine of *yīn* and *yáng*, the original sense of the terms has been virtually lost, probably because slopes are not typical examples of things classified by the system (dark/light, male/female, high/low). Thus, in their philosophical usage, they are perceived primarily as category names, which, once again, have no obvious correspondence in English. Any typical examples such as 'dark' and 'light' that might be considered to stand as generics might would be confusingly polysemous. The attempt to translate the terms *yīn* and *yáng* has been made, notably by Andreas Cleyer in his *De pulsibus libri quattuor e sinico translati* published in 1682, in which the two terms appear in Latin as *humidus*, 'damp', and *calor*, 'heat'. Needless to say, the contexts in which these renderings would make sense are limited.

Similarly, any translation of the word 氣 *qì* is problematic because of the wide gamut of phenomena the term denotes (see 5). The Chinese word entered English in transcription long ago, and it would appear almost senseless to attempt to assert any translation into our own lexis. Nevertheless, there have been continuing attempts to enable *energy*, and in French *souffles*, to represent the Chinese concept. Unschuld (1985: 126) has suggested *finest matter influences* as a paraphrase. Harper (1998: 77) has suggested *vapor*.

Most other Chinese concepts can be expressed in English, and so do not have to be transcribed. The common use of Pīnyin for concepts such as 神 *shén*, 精 *jīng*, and 衛 *wèi* seems to arise from the prestige value of the Chinese words rather than out of a lack of corresponding terms in English. The most useful application of transcription is to provide

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medicinals and acupuncture points. When this practice is systematically adopted for the names of acupuncture points, medicinals, and formulas, people who do know the Chinese names are greatly benefited. Nevertheless, this does not obviate the need for translation.

In the old Wade-Giles system, the four tones of Mandarin were not usually marked. Until recently, Westerners mostly learned Chinese to gain access to China's philosophical and literary heritage, not as a means of verbal communication. Tones were considered a complexity of the spoken language that could be ignored. Over recent decades, increasing numbers of Westerners have learned Chinese for practical, real-world purposes. Pīnyīn transcription, which is now replacing Wade-Giles, has tone marks as an integral part. For the benefit of the increasing numbers of students learning Chinese, tone marks should preferably be included in Pīnyīn, whether it is used to represent or give the pronunciation for Chinese characters or as a borrowed word in English. The now widespread availability of computer typesetting software allows the insertion of accents (and indeed Chinese characters) much more easily. It is, incidentally, because of the West's growing interest in the Chinese language that in this and other texts I have adopted the practice of writing Pīnyīn loans with their Chinese accents.

It will be recalled that a translation approach based essentially on loan-translations rather than loans was identified in the Western medical terminology of German and Chinese in Chapter 3, and has also been identified as being the preferred method of terminological translation in general (Sager 1998a).

7.2 PRINCIPLES

The approach proposed for the translation of Chinese medical terms is source-oriented. It takes *semantic translation*, that is, LGP equivalence and loan-translation as its basis, and allows for deviations from this principle under certain circumstances. These principles have been applied in creation of the proposed terminology presented in Appendix IV.

1. Semantic translation: Each term is translated in such a way as to reflect the *motivating sense* of its components outside the domain of Chinese medicine (usually the LGP), provided there is no incompatibility between the literal meaning of English term and the concept as understood within the framework of Chinese medicine.
2. Nonsemantic translation into English is used only where semantic translation fails to produce a satisfactory term.

3. Loans (in the form of transcription) is reserved for terms for which no satisfactory English equivalent is to be found.
4. Where different senses of SL words have to be translated with different TL words, the number of equivalents is kept to a minimum.

7.2.1 MOTIVATING SENSE AND SEMANTIC TRANSLATION

The first principle of the translation scheme proposed in this study for the English translation of Chinese medical terms is that each term is translated in such a way as to reflect its motivating sense of its components outside the domain of Chinese medicine. This entails translating terms used in their LGP sense with LGP equivalents in the TL (e.g., translating 耳 *ěr* as *ear*), and translating LGP words used in extended (notably metaphorical) senses by words of equivalent meaning in the LGP of the TL, i.e., by loan-translation (e.g., translating 血室 *xuè shì* as *blood chamber*). As explained in Chapter 3, LGP equivalents and loan-translations may together be called semantic translations. Since Pīnyīn is of limited use (7.1, Loans [Pīnyīn Transcription] Versus Loan-Translations), semantic translation is procedurally the first option to be considered.

As I explained in 3.1.4 (Loans and Loan-Translations), *semantic translation* differs from *literal translation*, which implies the rendering of words of equivalent literal meaning. *Literal meaning* is the core or primary meaning of a word as opposed to any extended meaning. It cannot, however, serve to represent a class of word meanings that would be useful in interlingual comparisons. Words are continually gaining new meanings and shedding older ones, and at any given point in time, may be used in multiple senses. In the historical development of languages, earlier and later meanings can be traced, as is done in dictionaries based on historical principles. In this diachronic context, literal meaning also includes etymological meaning, i.e., past meaning, which is often inextricably bound up with present meaning (e.g., *will* as the future marker being interrelated with *will* in the sense ‘want’ or ‘desire’). The distinction between core and extended meaning is not easily drawn. If we take *literal translation* to be translation of words ‘out of context’, it has, as Newmark (1988: 46) has suggested, little practical value in the discussion of translation choices. Words do not necessarily have *one* literal meaning only, and any given meaning may have multiple partial equivalents in another language. Any methodology of translation based on the notion of translating the literal meaning of words irrespective of context would be too unspecific. No such methodology would determine, for instance, how a translator of a German text should deal with the word *Bein*, whose primary meaning in modern German is ‘leg’, but which in certain contexts has the same

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meaning as its English cognate *bone* (e.g., *der Hund nagt an einem Bein, etwas fährt jemandem in die Beine*, and in medicine *Schambein, Brustbein, Schlüsselbein*). The exact chronical relationship of the two meanings is unclear, and the intended meaning can only be discerned from the context. Many words can be used in many senses, and the correct sense has to be identified before the word can be translated. The word *buck* is used in the sense of ‘male animal’, ‘vaulting horse’, ‘vertical jump performed by a buck’, ‘to perform a buck’, ‘a low-ranking member of the military’, ‘a dollar’, and ‘responsibility’. Because no language other than English is likely to have a single word that has precisely the same range of meanings as *buck*, the relevant sense in the given context has to be identified before the word can be translated. In most cases, indications as to which sense applies are provided by the linguistic or extralinguistic context. In LSP, words are used in different senses in different domains such as *transmission* in the domain of radio and TV and car mechanics. In Western medicine, *sub-* appears in Chinese as several different words (e.g., sublingual 舌下 *shé xià*; subculture 次培養菌 *cì péi yǎng jūn*; subexcite 亞興奮 *yǎ xīng fèn*; subluxation 不全脫臼 *bù quán tuō jiù*; subinflammation 輕炎 *qīng yán*). These specific senses have to be identified before the term can be translated. The sense in which a word or morpheme is used in a technical sense is here referred to as the *motivating sense*, and the TL equivalent of the word used in the motivating sense is called a *semantic equivalent*.

The difference between literal equivalence and semantic equivalence is seen most clearly in compounds. A *blackbird* is not the same as a *black bird*; the two translate ‘literally’ into French as *une merle* and *un oiseau noir*. Nevertheless, *blackbird* and *merle* are semantically equivalent, but *blackbird* has a literal meaning not shared by *merle*.

In the translation of Chinese medical terminology, we encounter all of these problems. For a good example of a polysemous word, we can return to a term discussed in 6.2.1 (Mann’s Terminology), 瀉 *xiè*. The Chinese word has other meanings, such as ‘to flow (swiftly)’, ‘to rush down’, ‘to drain’, or ‘to have diarrhoea’. When the word is used to describe a particular acupuncture stimulus that affects the flow of qì in the channels and network vessels (經絡 *jīng luò*), one of these senses of the word has to be identified. When we investigate the use of the word in the acupuncture context (see 6.2.1, Mann’s Terminology), we find that ‘to drain’ appears to be the relevant meaning (notably, it has the transitive meaning required). We can say that the choice of the word 瀉 *xiè* in the acupuncture context was motivated by its use in the LGP in the sense of ‘to drain’; hence ‘drain’ is the motivating sense.

The motivating sense is usually an LGP sense of a word, but it can in some cases

come from another specialist realm. For example, one category of internal organs is called 藏 *zàng*, which generally denotes a place where things are stored. According to Unschuld, what those who first used the term had in mind was a collecting place for grain. In other words, the motivating sense of 藏 *zàng* in its LSP usage is a highly specific usage of the word in the LGP (or LSP of agricultural economics).

The degree to which the original meaning of a term should be reflected in translation is a point of disagreement among translators. The terms 正 *zhèng* and 邪 *xié*, denoting the health-maintaining forces of the body and health-destructive forces from outside or arising within the body, have the literal meaning of ‘right’ and ‘evil’. Nathan Sivin (1987: 102), on the other hand, believes that the terms have lost these meanings, and reflects this in his choice of *orthopathy* and *heteropathy*. Paul Unschuld believes that these entities were conceptualised in moral terms, and hence that the translation of them should reflect this. It is true that the metaphors in question may have much less meaning for the modern student who has been brought up with Western medical conceptions than they traditionally had, but the relevance of ancient literature even today calls for attention to be paid to historical fidelity. Sivin’s renderings, it might be noted in passing, not only eliminate the metaphor, but introduce difficult and highly ambiguous terms. Unschuld argues that only those etymological meanings that have no conceptualising significance can be ignored. He gives the example of 服 *fú*, which originally meant to wear and was used in connection with evil-repelling talismans or amulets, was extended to mean the ingestion of medicine used for similar health-purposes (Unschuld 1989a: 104). When a metaphor dies, it ceases to constitute the motivating sense. But for the sake of historical fidelity, it is wise to err on the side of etymologising translation, especially where the literal translation preserves a metaphor that is easily understood by TL readers.

Semantic translation reflects in the TL the motivating sense of the lexical item(s) comprising each term. The two characters 水 *shuǐ* and 雞 *jī* appear in the term 喉中有水雞聲 *hóu zhōng yǒu shuǐ jī shēng* not because they mean ‘water’ and ‘chicken’, respectively, but rather because, combined, they mean ‘frog’. In other words, ‘frog’ is the sense that motivates the appearance of 水雞 *shuǐ jī* in the symptom description. It could just as well have been 田雞 *tián jī*, lit. ‘(paddy) field chicken’ or 青蛙 *qīng wā*, lit. ‘green frog’, which are other expressions denoting ‘frog’. The important thing is for the reader to know that the sound produced by the patient is similar to that of a chorus of frogs. Even in a source-oriented method of translation, a fully literal translation (‘water chickens’) is not necessary—unless 水雞 *shuǐ jī* were an obsolete expression whose reference were unknown, which is not the case here.

7.2.2 UNIT OF TRANSLATION

The unit of translation is the stretch of text on which the translator focuses attention in order to represent it as a whole in the TL (Malmkjær 1998). In LSP-text translation, terms are usually (unless the text is being rewritten rather than simply translated) as elements that have to be transferred. In most modern domains, the text translator usually has at his/her disposal a relevant technical dictionary to supply the equivalences. In primary term translation (secondary term formation), when equivalents are being worked out for the first time, the concern is not for text, but is limited to the narrower scope of terms. Nevertheless, the unit of translation is of interest to us.

From the German translation of Latin terminology, it is apparent that LGP equivalents and some of the loan-translations are characterised by word-for-word translation (*Kopf, Auge, Knie; Scheide, Hammer, Speiche*) and that some of the loan-translations and independent formations contained more elements (*Regen|bogen, Hoden|sack, Bauch|wasser*]; an exception is *Drüse*). In the Chinese translation of Western medical terms, we found patterns strikingly similar to those of German. LGP equivalents appear in the same places as in German (頭 *tóu*, 眼 *yǎn*, 膝 *xī*), although loan-translations show a greater tendency to add words (虹膜 *hóng mó*, 腹水 *fù shuǐ*, 鎚骨 *chuí gǔ*).

Different possibilities are theoretically open for the translation of terms. Taking up a previous example again, 喉中有水雞聲 *hóu zhōng yǒu shuǐ jī shēng* could be translated at the level of individual components, or in larger units as follows:

- (a) sound of water [and] chicken in the throat
- (b) sound of ‘water chickens’ in the throat
- (c) sound of frogs in the throat
- (d) wheezing

Option (a) is a literal translation of the individual components. Such a translation does not give the TL reader the same information as the Chinese terms gives the SL reader. Although 水雞 *shuǐ jī* could theoretically be interpreted as ‘water [and] chicken’, the Chinese reader knows that *shuǐ jī* is an expression meaning ‘frog’. Option (b) is a literal, etymologising translation, that nevertheless marks, by the use of quotes, ‘water chicken’ as a single expression with some special meaning that could be made clear to the reader by the addition of a note. Option (c) ignores the literal meaning of 水雞 *shuǐ jī*, and presents the semantic translation instead, as *sound of frogs in the throat*. Option (d) reflects the view that the wheezing is the equivalent of the whole Chinese phrase, and that the notion of frogs in the throat can be replaced in English with ‘wheezing’ (and, of course, if 哮

xiāo and 呷呀 *xiá yá* were also translated by the same word, the TL terminology would be relieved of redundant synonymy). In source-oriented translation, no one of these can be discounted on any formal grounds. The matter can only be decided by meaning. In the present example, option (a) is discounted because it represents a misinterpretation. Option (b) would be acceptable if we were not sure that 水雞 *shuǐ jī* referred to a ‘frog’, but unacceptable if we were not sure. Option (c) preserves the motivating sense and historical fidelity, without etymologising translation, but without self-explanatoriness (the term requires explanation, as the Chinese term indeed does for the SL reader too, and there is of course chance of confusion with ‘a frog in one’s throat’, hoarseness). Option (d) would be acceptable when we were sure that the phrase referred to what in English is called *wheezing*, exclusively to wheezing, and to any kind of wheezing rather than a particular kind. Both free and literal translation have their dangers, but the losses and gains are not necessarily incalculable.

In terminological translation, the aim should be to provide the TL reader with information that is identical to that provided by the SL term. At the same time, strangeness should be minimised by avoiding the introduction of new TL expressions where there are existing ones. The nature of Chinese medical terminology generally requires us to be as literal as possible without introducing expressions that can be unequivocally replaced by an existing (usually LGP) expression in the target language. For example, if we are sure that *shuǐ jī* means ‘frog’, the introduction of “water chicken” is redundant.

There are times when we are clearly unsure of the meaning. For example, there is no agreement among scholars as to why the third point on the spleen channel is called 太白 *tài bái*. Outside Chinese medicine, the Chinese name denotes the heavenly body known in modern astronomy as the planet Venus, which appears in the Western sky; it also denotes a mountain in China. Both these references may have influenced the choice of the acupuncture point name. On the one hand, this point is the earth point of the spleen channel, and can fortify earth to engender metal (the phase to which the West corresponds); on the other, it is located next to the mountain-like protrusion of the ball of the foot (Ellis, Wiseman, & Boss 1989: 102). Any semantic translation intended to support either of these two interpretations must be a literal word-for-character rendering.

The previous example of 風火眼 *fēng huǒ yǎn* can also be analyzed in terms of the unit of translation. *Acute conjunctivitis* is an equivalent of the whole term, while *wind-fire eye* is a word-for-character translation. The whole-term translation provides the TL reader with a familiar term, while the word-for-character translation provides the reader with information about the conception of the disease in the traditional framework. Very

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importantly, 風火眼 *fēng huǒ yǎn* differs from 侯中有水雞聲 *hóu zhōng yǒu shuǐ jī shēng* in that whereas each of its components are all Chinese medical concepts (*wind, fire, and eye*), *water chicken* is not. Both *frog* and *acute conjunctivitis* ignore the literal meanings of the SL terms in preference for existing TL conventions for naming the referent, but *acute conjunctivitis* only does so by evoking concepts (*conjunctiva, inflammation*) that belong to a different knowledge corpus.

The source-oriented system of translation proposed here assumes that the reader wants to be fully informed about Chinese medical concepts (but not about the vagaries of the Chinese language), so that the unit of translation in any given case is chosen to ensure maximum transfer of medical concepts and minimum burden of incidental complexities.

There are many examples of Chinese compounds for which single-word English equivalents involve no loss of any literal meaning that motivates their usage in the Chinese medical context: 黃昏 *huáng hūn*, dusk; 黃仁 *huáng rén*, iris; 上顎 *shàng è*, palate; 小便 *xiǎo biàn*, urine; 發炮 *fā pào*, blistering. Notably there are many near-synonym compounds that would create redundancies in English if word-for-character translation were applied: 眼睛 *yǎn jīng*, eye; 牙齒 *yá chǐ*, teeth; 身體 *shēn tǐ*, body; 皮膚 *pí fū*, skin; 阻遏 *zǔ è*, obstruct; 蒙蔽 *méng bì*, cloud; 積滯 *jī zhì*, accumulate; 留戀 rèn shēn, pregnancy; 蘊結 *yùn jié*, brew; 喎斜 *kuāi xié*, deviated; 拘攣 *jū luán*, tension, hypertonicity. These can be treated as single elements in translation.

Certain equivalents that are chosen in the TL might suggest that they have been constructed on a word/morpheme-for-word/morpheme basis when in actual fact they have not: 日入 *rì rù*, sundown; 齒痛 *chǐ tòng*, toothache; 小便不禁 *xiǎo biàn bù jìn*, urinary incontinence; 鼻塞 *bí sāi*, nasal congestion; 早泄 *zǎo xiè*, premature ejaculation; 大眚 *dà zì*, inner canthus. The English equivalents here appear at first sight to be at least partly loan-translations, but actually they are LGP equivalents, and the similarity is merely attributable to universal patterns of term formation.

While equivalence is often found at the level of multiple characters, it is interesting to note that in the proposed methodology a large number of terms are translated ‘word for word’. The term *word-for-word translation* suggests a definable unit that is the same in the TL as in the SL, an equivalence of form that barely exists. 身體 *shēn tǐ*, body, is composed of two characters but is arguably one word, while *network* is one word composed of two others, and *insufficiency* is one word composed of a number of morphemes. The notion of *word/morpheme-for-word/morpheme translation* is more inclusive. In the examples presented below, each of the content words in the Chinese terms is a single character

complex). The content words in both English and Chinese are underlined, and the words not underlined are merely grammatical words such as conjunctions and prepositions such as *and*, *in*, *of*, etc.

1027. 風火眼 *fēng huǒ yǎn*, wind-fire eye
 1028. 崩漏 *bēng lòu*, flooding and spotting
 1029. 腳氣衝心 *jiǎo qì chōng xīn*, leg qi surging into the heart
 1030. 培土生金 *péi tǔ shēng jīn*, bank up earth to engender metal
 1031. 胸悶 *xiōng mèn*, oppression in the chest
 1032. 心脾俱虛 *xīn pí jù xū*, dual vacuity of the heart and spleen
 1033. 虎鬚疔 *hǔ xū dīng*, tiger's-whiskers clove-sore

It should be emphasised that the correspondence is only rough. In the examples below, in|sufficiency is treated as being composed of two parts, while net|work is considered as a single entity. Nevertheless, the overall pattern of word/morpheme-for-word/morpheme translation is distinctly visible.

1034. 肝血不足 *gān xuè bù zú*, in|sufficiency of liver blood
 1035. 衝脈 *chōng mài*, thorough|fare vessel
 1036. 經絡之氣 *jīng luò zhī qì*, qi of the channels and net|work vessels
 1037. 交骨 *jiāo gǔ*, inter|locking bones

Word/morpheme-for-word/morpheme translation, as used in the present methodology, has no implications about word order or word-class. It simply means ensuring that each major semantic element is represented in English. In some cases, the order of the content words in the translation does not follow that of the Chinese, since word order often has to be adjusted to make grammatical sense. In some cases, the word-classes are different in the TL than in the SL. As explained in Chapter 5, a Chinese medical term can often serve both an active (verb + predicate) and a nominal function. For example, 肝火上炎 *gān huǒ shàng yán* means ‘liver fire flames upward’, but the whole phrase can also serve nominally as ‘liver fire flaming upward’ (or upward flaming of liver fire). In English translation, the nominal form is more commonly required.

The reason why a word/morpheme-for-word/morpheme translation is so often observed is because the terminology of Chinese medicine is largely classical in nature, very often using characters as single words. Many of the basic terms of Chinese medicine (such as organ names, body parts, causes of disease) are single characters. In Chapter 3, I showed that the translation of Western medical terms was based on a similar character-for-word/morpheme approach because even in the modern language objects normally referred

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to independently by multi-character-words are nevertheless following a classical model, often represented by a single-character in compounds.

In Chinese medicine, a word/morpheme-for-word/morpheme approach assumes a slightly different dimension because, as I showed in Chapter 5 (The Nature of Chinese Medical Terminology), the synonym/nonsynonym status of many terms is doubtful. By holding to the principle that each morpheme of the SL term should as far as possible be reflected in the translation, it is possible to replicate the Chinese terms in all or most of their variations of form and possible nuances of meaning.

Symptom descriptions containing the word *lumbus* or *lumbar*

- 1038. 腰背酸楚 *yāo bèi suān chǔ*, aching pain of the lumbus and back
- 1039. 腰背痛 *yāo bèi tòng*, lumbar and back pain
- 1040. 腰骨痛 *yāo gǔ tòng*, pain in the lumbar spine
- 1041. 腰脊強 *yāo jǐ qiáng*, stiffness of the lumbar spine
- 1042. 腰脊疼 *yāo jǐ téng*, pain in the lumbar spine
- 1043. 腰髁疼痛 *yāo kuān téng tòng*, lumbar and hip pain
- 1044. 腰軟無力 *yāo ruǎn wú lì*, limp lumbus
- 1045. 腰酸背痛 *yāo suān bèi tòng*, lumbar and back pain
- 1046. 腰酸腿軟 *yāo suān tuǐ ruǎn*, aching lumbus and limp legs
- 1047. 腰酸肢冷 *yāo suān zhī lěng*, aching lumbus and cold limbs
- 1048. 腰痛 *yāo tòng*, lumbar pain
- 1049. 腰腿酸軟 *yāo tuǐ suān ruǎn*, limp aching lumbus and legs
- 1050. 腰腿痛 *yāo tuǐ tòng*, lumbar and leg pain
- 1051. 腰膝乏力 *yāo xī fá lì*, lack of strength in the lumbus and knees
- 1052. 腰膝軟弱 *yāo xī ruǎn ruò*, limp lumbus and knees

Treatment action descriptions containing *disinhibit water*

- 1053. 化氣利水 *huà qì lì shuǐ*, promote qì transformation and disinhibit water
- 1054. 健脾利水 *jiàn pí lì shuǐ*, fortify the spleen and disinhibit water
- 1055. 利水消食 *lì shuǐ xiāo shí*, disinhibit water and disperse food
- 1056. 清熱利水 *qīng rè lì shuǐ*, clear heat and disinhibit water
- 1057. 溫陽利水 *wēn yáng lì shuǐ*, warm yang and disinhibit water
- 1058. 利水消腫 *lì shuǐ xiāo zhǒng*, disinhibit water and disperse swelling

By establishing terminological equivalence at the level of word/morpheme, it is possible to achieve high accuracy in back-translation despite the variability of terms, with-

7.2.3 PRESERVING LGP EQUIVALENCE

The motivating sense is usually an LGP sense, but in some cases it is an LSP meaning (as in the previous example of 太白 *tài bái*). Preservation of LSP meaning is particularly important for preserving the cognitive structure of Chinese medical knowledge for the TL reader. It is worthwhile dwelling on this question because, as I suggested in 6.2, Approaches to Chinese Medical Term Translation, translators and writers both East and West, in an apologetic zeal to convince a Western readership of the value of Chinese medicine, have often failed to preserve LSP meaning.

Although LSP terms gain certain conceptual connotations when they enter LSP, their LGP remains unchanged. Many words used in Chinese medicine are used in the same referential meaning as in the LGP, and this has to be preserved as far as possible in the TL if the integrity of the conceptual edifice of Chinese medicine is to be preserved for the TL reader. Numerous examples are at hand. The Chinese 肝 *gān*, ‘liver’, denotes an organ of the human body that to the layman is recognisable by a specific shape and colour (most people are actually more familiar with the liver of animals). The layman’s knowledge goes little further, but to the Chinese physician, there is a special connection, for example, between the liver and eye, and this becomes an LSP connotation of the term 肝 *gān*. Similarly, 風 *fēng* shares with the English *wind* a common physical referent. To neither the lay Chinese or the lay Westerner do ‘wind’ and ‘liver’ have any special association that they have in Chinese medicine. Despite the differences in connotation, the referents are the same. By preserving the LGP equivalence in translation, we preserve for the TL user the relationship between lay and medical knowledge that traditionally existed in China.

Some translators believe that the terms 心 *xīn*, 肝 *gān*, 脾 *pí*, etc., do not share common referents with the English ‘heart’, ‘liver’, and ‘spleen’, and preferred Pīnyīn transcriptions to represent them, or refer to them as orbs (or Latin *orbes*), or at least write the English names with capitalised initial letters. I shall refer to all these approaches generically as *semantically deviant* even though in the case of upper-case initials the deviation (or deviance) is only minor. Two slightly different arguments can be adduced to support this claim. One is that these organs represent spheres, or orbs of function, rather than solid morphological entities. The other is that, even if the organs spoken of in Chinese medicine are morphological entities, they are not accorded the same functions as they are in modern Western medicine.

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mental to the development of deterministic medicine in China was the notion that disease was not to be explained through the pernicious activity of demons and ancestral spirits but through natural causes that followed certain laws. According to this notion, the organs of the body each perform certain functions, and failure to do so results in illness. Early medical writers identified the physical organs by their LGP names, and gave descriptions of them that confirm for us that these are the same organs as those known by the same names in modern anatomy. No later writers ever stated that the terms in question did not refer to physical organs. Moreover, when the translation of Western medical terminology into Chinese began, there was no discussion about what Chinese words were to be used to translate the ‘heart’, ‘liver’, or ‘spleen’. Statements in traditional Chinese medical literature support the notion of orbs of function insofar as five of the internal organs (liver, heart, spleen, lung, and kidney) are understood to dominate certain parts of the body and certain physiological functions. These organs are likened to ‘officials’ who ‘govern’ activities and domains of the body. Yet this is not to say that the terms 心 *xīn*, 肝 *gān*, 脾 *pí*, 肺 *fèi*, and 腎 *shèn* denoted orbs independent of any morphological organs.

Chinese medicine does accord functions to the internal organs that differ from those that Western medicine accords them. This is not surprising, since its original authors did not have the technology to detect the microscopic structures and understand the biochemical reactions upon which the modern understanding of the organs is based. Nevertheless, this is a matter of understanding how the organs work, not a matter of identifying them. The semantically deviant translations (Pīnyīn transcription, Latin, or capitalised semantic translations) effectively reformulate traditional Chinese concepts simply to accommodate the modern medical understanding. Ultimately, they merely serve to assert the Western medicine understanding of the body as the true understanding, and distort the original Chinese conception.

The translator who proposes a semantically deviant translation for organs understood to have functions or relationships to other parts of the body not accorded them in Western medicine should, for the sake of consistency, likewise use semantically deviant translation for those body parts. Since, for example, Chinese medicine regards the bone as relating to the kidney in a special way that is not recognised in Western medicine, the translator in question would have to admit that the bone of which Chinese medicine speaks is not the bone of which Western medicine speaks, and therefore translate 骨 *gǔ* as ‘Gu’ (or ‘Bone’). If this principle of translation were applied generally, the result would be semantically deviant translations of high-frequency body part names like ‘eye’, ‘nose’, ‘mouth’, ‘tongue’, ‘flesh’, etc. Taken to this extreme, it is easy to see how the rejection of

ordinary everyday equivalents of Chinese words (for misguided technical reasons) may cause the English-speaking reader to entirely lose sight of elements of reality familiar to both Westerners and Chinese.

A striking example of avoiding the obvious LGP equivalent is seen in the transcription of 血 *xuè*, which denotes the red bodily fluid that in English is known as *blood*. The Chinese and the English terms have identical referents, and share at least one fundamental connotation in the LGP usage: blood is vital to human (and animal) life. The decision of Porkert and others to render the Chinese term as *hsüeh* (or *xuè*) is apparently based on the idea that 血 *xuè* denotes something other than, more than, or less than the red fluid that issues from wounds, or that it is accorded functions in Chinese medicine that are not accorded it (in the LGP, or in modern medicine). Precisely what constitutes this ‘difference’ is not clearly stated by the proponents of transcription, and indeed traditional Chinese medical descriptions of the formation of blood, its movement around the body, and the detail concerning its nutritive function are not entirely unequivocal. The soundest thing we know about 血 *xuè* is that its physical referent in the LGP is the red fluid we in English call *blood* and that there is abundant evidence (e.g., blood-letting) to show that Chinese physicians have always understood this word in this sense, whatever connotations they may have added to the word through observation of and speculation about the behavior of this fluid. The LGP meaning is the motivating sense for the use of the word 血 *xuè* in the medical context, and is therefore the only solid basis for translation. The LGP sense of words reflects the common knowledge that provides the basis for reception of technical knowledge. If any term other than the LGP equivalent is chosen, the reference to common knowledge is destroyed.

If concern about the inexactness of conceptual correspondences between Chinese LGP terms and their equivalents in English were taken to its limits, then we might have expected a stronger voice than there has been for the translation of environmental entities such as ‘wind’ to not be translated literally. One writer (Liang J-X 1995) has suggested that 風 *fēng* should be transcribed as *Feng*, but his plea does not seem to have been heard. The reason why there is a greater tendency to rename the internal organs but translate 風 *fēng* literally as wind would appear to lie in the fact that while the organs are the locus of a clash of understanding between East and West, environmental entities are not. Western medicine has no theories about the nature of the disease-causing effect of ‘wind’ that are actively in conflict with those of Chinese medicine since it does not consider ‘wind’ to be a cause of disease at all. The prime motivation for deviated translation is the urge to

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adapt Chinese medicine to the Western medical framework. But it does so by sacrificing all-important LGP equivalence.

Very many universal concepts are not fully universal in that they bear the mark of their culture or some technical conception. We find the notions of ‘heat’ and ‘cold’ in both China and the West (as probably anywhere else too), but this is not to say that the words 寒 *hán* and 熱 *rè* mean exactly the same as *cold* and *heat*. In our modern Western understanding, ‘cold’ is the absence of ‘heat’. In Chinese medicine, the two concepts are understood in terms of the yīn-yáng doctrine as complementary opposites, each as real as the other (Grinnell, personal communication 1996). Yet this difference of understanding is not sufficient to warrant any choice other than *cold* and *heat* in Chinese medical term translation. In fact, it could even be argued that in their LGP English usage *cold* and *heat* have connotations similar to those of 寒 *hán* and 熱 *rè* in Chinese medicine (cold, for example, is often said to ‘get into one’s bones’).

The practical cognitive consequences of different ways of translating terms seem partly to lie in the elusive realm of connotation. The practice of writing English organ names with uppercase initials would seem, on the surface of things, to be insignificant. Nevertheless, given the tendency in complementary health to see Chinese medicine rooted in some exotic Oriental mystery, it is potentially quite evocative. Writing *Liver* instead of *liver* might almost suggest for those acquainted with the opening lines of *Lǎo Zǐ* that “the liver that can be spoken of [in scientific terms] is not eternal Liver.” The choice between a familiar and an unfamiliar label for a familiar concept may reflect a major difference of attitude to the subject matter. In Western medicine, the tendency to choose classical terminology even where a vernacular expression may exist has increasingly reflected the attitude that the medical understanding of any thing or phenomenon related to the human body is very much divorced from any lay conceptions. In Chinese medicine, no such division between lay understanding and expert understanding was ever reflected in linguistic usage. The terminology of Chinese medicine abounds in archaisms, which reflect the historical dimension of Chinese medical knowledge; conversancy with them is the mark of a physician who has a good command of medical literature. Yet unfamiliar linguistic expressions did not traditionally mark different perceptions of basic entities. The point is that if we represent 血 *xuè* by *hsüeh* (or *xuè*), 風 *fēng* as *Feng*, or 心 *xīn* as *Xin* (or *Heart*), we misrepresent the relationship that existed in China between lay and expert knowledge. Nevertheless, in trying to make semantic translation the same to modern Western readers, we have to point out the speculative nature of Chinese concepts. Even in circles that enthusiastically support Chinese medicine, the Chinese medical understanding of health

and disease does not eclipse Western medical knowledge. The power of the modern medical model explains all attempts to redefine Chinese medical concepts toward senses that require representation by non-LGP equivalents. This having been said, the use of an unfamiliar or so-called ‘difficult word’ in preference for a more familiar one can act as a warning to the TL reader that he/she may not be acquainted with the concept denoted by it. This applies to terms like *wind-fire eye*, as well as to equivalents such as *vacuity* instead of *deficiency*. Choices have to be made carefully.

Metaphorical terms the existence or nature of whose referents are not clear may provide clues for discussion of the concepts they represent, and for this reason they should be semantically translated. For terms such as 血海 *xuè hǎi*, sea of blood, 三焦 *sān jiāo*, triple burner, 命門 *mìng mén*, life gate, 血室 *xuè shì*, blood chamber, and 經絡 *jīng luò*, channels and network [vessels], if the translator chooses anything but semantic translation he or she may replace the information provided by the name with the product of his or her own speculation. We have seen the consequences of this in Chapter 6 (The Transmission and Translation of Chinese Medicine).

7.2.4 POLYEQUIVALENCE AND PRESERVATION OF CONCEPTUAL UNITY

Chinese and English, as all languages, map the world and human experience in different ways. Illustrative of this is 皮 *pí*, which has three correspondences in English, *skin*, *hide*, *bark* (see Appendix IV, term 146). The English words have a specificity that is reflected in distinct collocations: *a patient’s skin*, *the hide of an ox*, and *the bark of a tree*. By comparison, **a patient’s hide* and **skin of a tree* are unnatural expressions, while *skin of an ox* is acceptable but by no means the rule. Similarly, 腹 *fù* (Appendix IV, term 142) corresponds to *abdomen* (of a human patient) and to *belly* (of an animal), where *belly* in the medical context would be out of place since it expressively marks voluminousness. Again, 產 *chǎn* (term 140) has several equivalents in English (in the medical context), *birth*, *partum*, *delivery*, *presentation*, whose choice is collocationally determined (e.g., *postpartum*, *difficult delivery* as opposed to **post delivery* and **difficult partum*). In terminological translation, polyequivalence is unavoidable, but it nevertheless has to be kept to a minimum (see 7.3.7, Minimising Polyequivalence).

In translation, the English distinction between *skin*, *hide*, and *bark* is reflected in the fact that these words appear in different subdomains: *skin* occurs in the physiological and pathological realm; *hide* and *bark* appear in pharmacy (as in the names of animal and vegetable products such as 象皮 *xiàng pí*, elephant’s hide, and 桑白皮 *sāng bái pí*,

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lichen, and 松皮癬 *sōng pí xiǎn*, pine-bark lichen). There is no conceptual unity between these different domains whose preservation for the TL reader might be jeopardised by the use of different English words. As to the polyequivalence of 產 *chǎn*, this too poses no problems because the concept of giving birth is familiar and unique enough not to have to be consistently named with the same expression.

The polyequivalence frequently observed in LGP terms becomes problematic when LGP terms enter the LSP domain and take on new connotations. This problem arises in the translation of colours in Chinese medicine. At least two of the colour words found in Chinese medical texts, 黃 *huáng* and 青 *qīng*, have wider meaning than any corresponding English words. The Chinese 黃 *huáng* includes not only colours we call ‘yellow’, but also ones we call ‘brown’ (as in 黃仁 *huáng rén*, ‘yellow kernel’, i.e., the iris). In LGP translation, it might be quite appropriate to use different words in different contexts, but in Chinese medicine 黃 *huáng* is one of five basic colours that are each associated with one of the five phases. This association may disintegrate if different words are used in English. While the concept of giving birth is not lost when referring to it by different expressions, the notion of the colour associated with the phase earth is lost if 黃 *huáng* is translated by any term other than one used to denote the colour associated with earth (universally *yellow*) (see Wiseman 1995b: 52–53).

In the context of polyequivalence, we should mention the problem arising in the translation of terms that have been differently defined by medical scholars in China. As we saw in Chapter 5 (Nature of Chinese Medical Terminology), a number of speculative concepts have been interpreted in different ways. While the translator might be tempted to base his or her rendering of the term on one of these interpretations, the chosen rendering would only be valid when translating texts by writers known to hold to this particular interpretation. For example, 血室 *xuè shì*, blood chamber is variously interpreted as ‘uterus’, ‘thoroughfare vessel’ (衝脈 *chōng mài*), or ‘liver’. Any one of these could serve as a rendering in texts only where this is known to be the intended meaning. Quite often a Chinese writer provides no indication of which interpretation he holds to, so the context does not disambiguate the term, and provides no grounds for choosing any one of the specific interpretations. The solution applicable to all texts is a semantic translation, and any interpretation should be reserved for commentary.

Finally, there are some uses of terms that we might consider exempt from the need to preserve conceptual unity. The words 陰 *yīn* and 陽 *yáng* are used in many senses in Chinese medicine, but they are usually always systematically transcribed. Nevertheless, their use in naming the genitals can be regarded as almost purely euphemistic. When 陰

頭 *yīn tóu*, lit. ‘yīn head’, is translated as *glans penis*, no medical information is lost. The same is true of 陰卵 *yīn luǎn*, lit. ‘yīn eggs’ (testicles), 陰吹 *yīn chuī*, lit. ‘vaginal flatulence’ (flatus vaginalis), 陰癢 *yīn yǎng*, lit. ‘yīn itch’ (pudendal itch), and 陰縮 *yīn suō*, lit. ‘yīn shrinkage’ (retracted genitals). It should however be noted that earlier in history, as the Mǎ-Wáng-Duī texts reveal, the yīn-nature was of great significance in hygienic practices (Harper 1998: 122).

7.3 PRACTICE

Having investigated the theoretical issues involved in preserving meaning, and understood the importance of preserving LGP equivalence in preserving the known, I shall now discuss the way in which each of the methods of translation are applied in the practice of translating Chinese medical terms.

7.3.1 TRANSLATING WORDS USED IN LGP SENSE

7.3.1.1 Nouns

In Chinese medicine, as in Western medicine, names for body parts, organs, and bodily substances are an important part of the technical vocabulary. In Chinese medicine, the list of LGP terms goes beyond this to include the names of environmental entities (wind, cold, dampness, etc.), which are viewed as common causes of disease.

Nouns Used in LGP Sense

1059. 肝 <i>gān</i> , liver	1067. 肩 <i>jiān</i> , shoulder	1075. 淚 <i>lèi</i> , tears
1060. 膽 <i>dǎn</i> , gallbladder	1068. 胸 <i>xiōng</i> , chest	1076. 涎 <i>xián</i> , drool
1061. 胃 <i>wèi</i> , stomach	1069. 臀 <i>tún</i> , buttocks	1077. 唾 <i>tuò</i> , spittle
1062. 頭 <i>tóu</i> , head	1070. 腿 <i>tuǐ</i> , leg	1078. 尿 <i>niào</i> , urine
1063. 鼻 <i>bí</i> , nose	1071. 踝 <i>huái</i> , ankle	1079. 風 <i>fēng</i> , wind
1064. 目 <i>mù</i> , eye	1072. 跟 <i>gēn</i> , heel	1080. 濕 <i>shī</i> , dampness
1065. 口 <i>kǒu</i> , mouth	1073. 指 <i>zhǐ</i> , finger	1081. 燥 <i>zào</i> , dryness
1066. 骨 <i>gǔ</i> , bone	1074. 髓 <i>suǐ</i> , marrow	1082. 毒 <i>dú</i> , toxin

Numerous examples of terms such as those listed above are given in 5.2.1.1 (Zero Referential Change/Connotative Enlargement). The concepts they represent are common to English and Chinese; the words representing them in both languages are frequently used LGP words. Most of them are universal insofar as we might expect all languages to have words denoting these concepts (the body parts, in most cases, are clearly circumscribed).

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All translators instinctively translate 鼻 *bí* as *nose* and 膝 *xī* as *knee*, essentially because in both cases there is no other choice.

All the Chinese words in the above examples are used in Chinese medicine in the same sense as they are used in the ordinary language, or rather, as they were used at the time of their first appearance in medical terminology. Many classical expressions used in Chinese medicine have since changed or been replaced in the LGP, but remain, as it were, frozen in Chinese medical usage, at least in certain contexts. The monosyllabic classical forms 鼻 *bí*, 耳 *ěr*, 口 *kǒu*, are the standard; the modern forms 鼻子 *bí zi*, 耳朵 *ěr duo*, 嘴巴 *zuǐ ba* do not normally appear. Nevertheless, in medical texts, the classical 目 *mù*, ‘eye’, is often replaced by 眼睛 *yǎn jīng* or 目珠 *mù zhū*. These diachronic variations are of no concern to the term translator. In literary translation, some have applied the practice of reproducing archaic styles in the TL. Nowadays, this is usually only accepted where the author of the SL text deliberately includes archaisms of his own time. Here I take the view that archaism is a nonconceptual connotation and that it therefore does not have to be transferred.

Besides universal concepts, there are numerous LGP words in Chinese that do not have exact LGP equivalents in English (such as 毛 *máo* and 髮 *fǎ*, which are both called *hair* in English; and 脅 *xié*, which has no equivalent). These problems will be dealt with further ahead.

7.3.1.2 Verbs (stative and active)

In Chapter 5 (ss:semanticchange, Semantic Change), I discussed general descriptive vocabulary. General descriptive vocabulary, though in itself not necessarily denoting LSP concepts, often appears in LSP terms and descriptions.

Verbs used in LGP Sense		
Colours	1089. 睡 <i>shuì</i> , sleep	1098. 長 <i>cháng</i> , long
1083. 青 <i>qīng</i> , green-blue	1090. 食 <i>shí</i> , eat	1099. 厚 <i>hòu</i> , thick
1084. 赤 <i>chì</i> , red	1091. 飲 <i>yǐn</i> , drink	
1085. 黑 <i>hēi</i> , black	1092. 咳 <i>ké</i> , cough	Speed
	1093. 渴 <i>kě</i> , thirst	1100. 急 <i>jí</i> , rapid
Flavours	1094. 痛 <i>tòng</i> , pain	1101. 疾 <i>jí</i> , racing
1086. 甘 <i>gān</i> , sweet	1095. 腫 <i>zhǒng</i> , swelling	1102. 數 <i>shuò</i> , rapid, frequent
1087. 鹹 <i>xián</i> , salty		
1088. 酸 <i>suān</i> , sour	Size	Strength
	1096. 小 <i>xiǎo</i> , small	1103. 強 <i>qiáng</i> , strong

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Wetness/Dryness	Subjective Feelings	1135. 升 <i>shēng</i> , upbear
1105. 潤 <i>rùn</i> , moist	1119. 滿 <i>mǎn</i> , fullness	1136. 上 <i>shàng</i> , ascend
1106. 干 <i>gān</i> , dry	1120. 煩 <i>fán</i> , vexation	1137. 陷 <i>xiàn</i> , fall
1107. 燥 <i>zào</i> , dry	1121. 倦 <i>juàn</i> , fatigued	1138. 厥 <i>jué</i> , reverse
1108. 枯 <i>kū</i> , dry, withered, desiccated	1122. 懶 <i>lǎn</i> , lazy	1139. 衝 <i>chōng</i> , surge
	1123. 困 <i>kùn</i> , cumbersome	Loss
Tactile Qualities	Position, Direction	1140. 遺 <i>yí</i> , lose
1109. 膩 <i>nì</i> , slimy	1124. 前 <i>qián</i> , anterior, front	1141. 脫 <i>tuō</i> , desert
1110. 粗 <i>cū</i> , rough, coarse	1125. 外 <i>wài</i> , out (-er, -ward)	Enhancement
1111. 軟 <i>ruǎn</i> , soft	1126. 上 <i>shàng</i> , up(ward)	1142. 補 <i>bǔ</i> , supplement
1112. 硬 <i>yìng</i> , hard	1127. 出 <i>chū</i> , issue	1143. 養 <i>yǎng</i> , nourish
1113. 稠 <i>chóu</i> , thick (viscous)	Freeing	1144. 生 <i>shēng</i> , engender
1114. 急 <i>jí</i> , tense	1128. 通 <i>tōng</i> , free	1145. 增 <i>zēng</i> , increase
Cleanliness/Dirtiness	1129. 瀉 <i>xiè</i> , drain	1146. 回 <i>huí</i> , return
1115. 垢 <i>gòu</i> , grimy	1130. 宣 <i>xuān</i> , diffuse	1147. 助 <i>zhù</i> , assist, reinforce
1116. 清 <i>qīng</i> , clear	1131. 利 <i>lì</i> , disinhibit	1148. 固 <i>gù</i> , secure, stem
	1132. 解 <i>jiě</i> , resolve	Removal
Ease/Difficulty	Movement	1149. 除 <i>chú</i> , eliminate
1117. 易 <i>yì</i> , easy	1133. 運 <i>yùn</i> , move	1150. 祛 <i>qū</i> , dispel
1118. 難 <i>nán</i> , difficult	1134. 流 <i>liú</i> , flow	

The above words appear in numerous terms, particularly in diagnostic descriptions, disease pattern names, and the terminology of therapeutic action, as the following examples show:

Signs

- 1151. 面色萎黃 *miàn sè wěi huáng*, [the] facial complexion [is] withered-yellow; withered-yellow facial complexion
- 1152. 舌苔厚膩 *shé tāi hòu nì*, [the] tongue fur [is] thick [and] slimy; thick slimy tongue fur
- 1153. 目赤 *mù chì*, [the] eyes [are] red; red eyes
- 1154. 咽痛 *yān tòng*, [the] throat [is] sore; sore throat
- 1155. 脈躁疾 *mài zào jí*, [the] pulse is agitated [and] racing; agitated racing pulse
- 1156. 尿少 *niào shǎo*, urine [is] scant; scant urine

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1158. 暖胃 *nuǎn wèi*, warm the stomach

1159. 滋腎 *zī shèn*, enrich the kidney

1160. 祛痰 *qū tán*, dispel phlegm

1161. 通便 *tōng biàn*, free the stool

Certain fine distinctions in the status of Chinese terms cannot easily be replicated in English. In symptomatology, expressions comprising a body part and single verb more easily assume nominal status than multi-verb phrases. Thus, 目赤 *mù chì*, red eyes, describes a condition and may also stand as a name for it, as compared with 眼睛紅腫痛 *yǎn jīng hóng zhǒng tòng*, red sore swollen eyes, which merely describes it. In this example, the distinction is further highlighted by the use of the classical 目 *mù* as opposed to the modern 眼 *yǎn* for ‘eye’, and the classical 赤 *chì* as opposed to the modern colloquial 紅 *hóng* for ‘red’. In some cases, a more formal term is marked by the reversing of the subject-verb order. For instance, 脈洪 *mài hóng*, surging pulse, can also be expressed as 洪脈 *hóng mài*. The verb + noun format is usually only possible with single verbs.

A further characteristic of general descriptive words is that they often have multiple senses that have to be rendered by different TL expressions. Consider the following examples.

淡 *dàn*, pale, bland

1162. 淡紅 *dàn hóng*, pale red

1163. 口淡 *kǒu dàn*, bland taste in the mouth

泛 *fàn*, flood, upflow

1164. 陽虛水泛 *yáng xū shuǐ fàn*, yáng vacuity water flood

1165. 泛酸 *fàn suān*, acid upflow

合 *hé*, combine, unite

1166. 合病 *hé bìng*, combination disease

1167. 合穴 *hé xué*, uniting point

鳴 *míng*, ringing, rumbling

1168. 耳鳴 *ěr míng*, ringing in the ears (tinnitus)

1169. 腸鳴 *cháng míng*, rumbling intestines

正 *zhèng*, regular, medial, right

1170. 正經 *zhèng jīng*, regular channels

1171. 正頭痛 *zhèng tóu tòng*, medial headache

1172. 正氣 *zhèng qì*, right qi

7.3.2 ANISOMORPHIC LGP EQUIVALENTS

I have pointed out that one reason for semantic translation is to ensure LGP equivalence. Nevertheless, anyone familiar with both Chinese and English is aware of the existence of a large number of LGP equivalents between the two languages that are neither morphological (word for word) nor literal matches. We can call these *anisomorphic LGP equivalents* or *nonliteral semantic LGP equivalents*. Because Chinese makes greater use of compounding than English, two Chinese character-words are often found to correspond to one English word. The expressions listed below are LGP equivalents, and hence acceptable equivalents in the context of Chinese medical LSP, but they are not strictly speaking ‘literal equivalents’.

1173. 陰囊 *yīn náng*, lit. ‘yīn sack’, scrotum

1174. 子宮 *zǐ gōng*, lit. ‘infant’s palace’, uterus

1175. 大便 *dà biàn*, lit. ‘greater convenience’, stool, defecation

1176. 小便 *xiǎo biàn*, lit. ‘lesser convenience’, urine, urination

1177. 往來寒熱 *wǎng lái hán rè*, lit. ‘going [and] coming cold [and] heat’, alternating [aversion to] cold and heat [effusion]

1178. 瘧疾 *nuè jí*, lit. ‘malaria disease’, malaria

1179. 麻疹 *má zhěn*, lit. ‘hemp rash’, measles

1180. 矢氣 *shǐ qì*, lit. ‘fecal qì’, flatus

1181. 扭傷 *niǔ shāng*, lit. ‘twist injury’, sprain

1182. 乳頭 *rǔ tóu*, lit. ‘breast head’, nipple

The Chinese 扭傷 *niǔ shāng*, lit. ‘twist injury’, is expressed in English with the single word *sprain*. The Chinese 乳頭 *rǔ tóu*, ‘breast heat’, is expressed in English by the single word *nipple*. In both cases, there is LGP equivalence between the Chinese and English terms, but the morphological structure and literal meaning is different.

In several cases, LGP equivalents show more than chance similarities to their Chinese equivalents. The English *licorice*, from the Greek *glycyrrhiza*, lit. ‘sweet root’, closely parallels the Chinese 甘草 *gān cǎo*, lit. ‘sweet herb’. Likewise, *pupil*, from the Latin *pupilla*, ‘little girl’, parallels the Chinese method of naming reflected in the construction of the character 瞳 *tóng* (目 *mù*, eye, + 童 *tóng*, ‘child’), both alluding to the small image of oneself that is reflected in another’s eye. The English *occipital bone* (Latin *ob* against + *caput* head) is the bone of the back of the head, the part on which the head rests, corresponding closely to the Chinese 枕骨 *zhěn gǔ*, lit. ‘headrest bone’. Never-

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theless, these correspondences are only understood when the etymology of the words in question are known. They are not understood at the level of LGP meaning.

- 1183. 目珠 *mù zhū*, lit. ‘eye bead’, eyeball
- 1184. 頭痛 *tóu tòng*, lit. ‘head painful’, headache
- 1185. 鼻孔 *bí kǒng*, lit. ‘nose hole’, nostril (from Old English *nosbyrel*)
- 1186. 月經 *yuè jīng*, lit. ‘monthly warp’, menstruation (Latin *menstruo*, menstruate ← *menstruus*, monthly)
- 1187. 瞳孔 *tóng kǒng*, lit. ‘child’ 童 + signific 目 ‘eye’, pupil (Latin *pupilla*, a little girl)
- 1188. 甘草 *gān cǎo*, lit. ‘sweet herb’, licorice (Greek *glyky(s)* sweet + *rhiza* root)

In Chapter 5 (Nature of Chinese Medical Terminology), we saw a considerable amount of redundancy in Chinese medical terms. This also accounts for morphological noncorrespondence between LGP equivalents.

- 1189. 耳聾 *ěr lóng*, lit. ‘ears deaf’, deafness
- 1190. 口唇 *kǒu chún*, lit. ‘mouth lip’, lip
- 1191. 目珠 *mù zhū*, lit. ‘eye-bead’, eye
- 1192. 胞瞼 *bāo jiǎn*, lit. ‘sac eyelid’, eyelid
- 1193. 肛門 *gāng mén*, lit. ‘anus gate’, anus
- 1194. 瘧疾 *niè jí*, lit. ‘malaria disease’, malaria

Redundancy at the phrase level in literary Chinese also gives rise to noncorrespondence at word level.

- 1195. 中氣下陷 *zhōng qì xià xiàn*, lit. ‘centre qì falling down’, centre qì fall
- 1196. 腰膝軟弱 *yāo xī ruǎn ruò*, lit. ‘lumbus [and] knees limp-weak’, limp lumbus and knees
- 1197. 關節疼痛 *guān jié téng tòng*, lit. ‘joints painful-painful’, joint pain
- 1198. 面色紅赤 *miàn sè hóng chì*, lit. ‘facial complexion red-red’, red facial complexion
- 1199. 口眼喎斜 *kǒu yǎn wāi xié*, lit. ‘eyes mouth wry-skew’, deviated eyes and mouth

Taking another example, some translators might render 補法 *bǔ fǎ*, literally as ‘supplementing method’. One could nevertheless argue that the word 法 *fǎ*, ‘method’, serves as little more than a nominalising particle like the ending ‘-ation’ of the English term, and that ‘method’ is conventionally reserved in English for specific rather than generic methods (‘supplementing yīn is one method of supplementation’).

In the translation of LSP-bound terms, metaphor should be preserved as far as possible. In LGP terms, it would appear unnecessary since in such cases it reflects no specialist medical understanding. A prominent example is the word 便 *biàn*, whose primary

meaning is ‘convenient’. In the Hàn Dynasty, it was already being used as a euphemistic synonym of 屎 *shǐ*, ‘stool’, and 尿 *niào*, ‘urine’. This usage is unlikely to have evolved out of any medical need, and hence we may consider it insignificant from the point of view of medical thought. We can therefore take ‘stool/urine’ to be the relevant LGP meaning, and translate the words as such. The replication of the euphemism in English through semantic translation would not enhance the Westerner’s understanding of the concept. Similarly, 龜頭 *guī tóu*, lit. ‘tortoise’s head’, the metaphor by which the glans penis is named, is of LGP origin and has no medical relevance.

At the borderline between LGP terms and LSP-bound terms, a conflict of choice may arise between an existing LGP equivalent and a loan-translation. For example, translating 子宮 *zǐ gōng*, we might consider the LGP equivalent *uterus* (the word *uterus* that appears to have originally denoted the abdomen, and later came to specifically denote a female reproductive organ within it) or a semantic translation of the Chinese, ‘infant’s palace’. The TL reader would understand the metaphor of the semantic translation: the organ as a container (metaphorically described as a ‘palace’) in relation to what it contains (the foetus). But he or she would probably only understand it after this familiar referent has been pointed out to him or her. Obviously, though, when a term has an equivalent in the target language that in its primary sense denotes the same referent or concept, it makes sense to use it since coining a new term through the re-creation of a metaphor in the target language poses an unnecessary obstacle to the reader’s understanding. When translating 子宮 *zǐ gōng*, the word *uterus* is preferable to *infant’s palace* insofar as the reader will relate it directly to the referent without need of any explanation.

To be set against this principle is that of rejecting an LGP equivalent that may be unclear in the Chinese medical context. In modern English, the LGP equivalent of 腰痛 *yāo tòng* is *backache*. Since, however, a clear distinction is made in Chinese medicine between the upper part of the back and the lumbus, this translation will not do. In the Chinese LGP, 腰 *yāo* is a distinct body part, and in Chinese medicine, pain or weakness in this area is usually understood to reflect the state of the kidney. It therefore requires a distinct equivalent that can only be supplied by the technical medical term *lumbus*. This is one of the rare occasions when preservation of a medical concept requires sacrificing the maintenance of LGP equivalence.

7.3.3 TRANSLATING WORDS USED IN EXTENDED SENSES

Numerous words that serve as terms or serve in the composition of terms are used in extended senses, most of which are metaphorical. Since the images of Chinese medical

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translation is the only accurate method of translation when the concept denoted by the term is in any way speculative, or when the metaphor constitutes a defining standard.

Metaphor in Chinese medicine is largely natural, political, military, moral, transportation, and architectural. The metaphor images are universal insofar as they come from the natural world, or else are common to Chinese and English speakers in that they hail from forms of human culture characterised by bureaucratic political hierarchies, armies, complex economies requiring transportation networks, and refined forms of architecture. Given the much common ground in these respects between China and the West, most of the metaphors of Chinese medicine are easily transferred. The metaphorical use of such concepts as ‘mother’, ‘child’, ‘thunder’, ‘piglet’, ‘sovereign’, ‘official’, ‘defence’, ‘invade’, ‘palace’, and ‘drum’ is not distorted when transferred. English even has equivalents of mythical creatures (dragon, phoenix). The metaphor of Chinese medicine does not appear to touch on any of the areas that are often problematic for the translator (e.g., the qualities associated with animals, which vary considerably even among culturally close language communities such as those of Europe). The Chinese 天 *tiān*, with its philosophical and religious implications, may be somewhat obscure for English speakers in some contexts when translated as *heaven*.

Metaphors embedded in graphemic derivations (see 5.2.2.3, Derivation) can be rendered literally on the basis of their etymology where existing equivalents are lacking: 痿 *wěi*, wilting, 癬 *xiǎn*, lichen, 臌 *gǔ*, drum distention, 疝 *shàn*, mounting, (various conditions involving accumulation in the lower abdomen or scrotum) 蠱 *nì*, invisible sores, etc.

The transfer of metaphor, as loan-translation in general, helps to preserve transparency for the translator, and furnishes the TL reader with the same information as the SL reader about the possible origins of the concept.

In Chapter 5 (Nature of Chinese Medical Terminology), I drew a functional distinction between naming metaphor and descriptive metaphor. The similes and metaphorical epithets given below are essentially instances of metaphor being used to provide, not a *name*, but a *description* or *definition*. In such cases, translation must be semantic if the description or definition is not to be altered.

1200. 中焦如漚 *zhōng jiāo rú ōu*, centre burner is like foam

1201. 白如枯骨 *bái rú kū gǔ*, white as dry bones

1202. 大便如鴨瀉 *dà biàn rú yā táng*, stool like duck’s slop

1203. 大便如羊屎 *dà biàn rú yáng shǐ*, stool like sheep’s droppings

1204. 大便水樣 *dà biàn shuǐ yàng*, watery stool

1205. 耳鳴如蟬聲 *ěr míng rú chán shēng*, ringing in the ears like the sound of cicadas

1206. 舌苔如積粉 *shé tāi rú jī fěn*, mealy tongue fur

1207. 頭重如裹 *tóu zhòng rú guǒ*, head heavy as if swathed

Metaphor is often descriptively powerful, succinctly expressing ideas whose expression in direct language might be much wordier. Nevertheless, it is often vague, since it requires distinguishing those characteristics of the metaphor image that apply to the target from those that do not apply. When stool is described as being ‘like duck slop’, we are apparently expected to know a) the characteristics of the sloppy excrement of ducks and b) in what respect human stool described as being like ‘duck slop’ actually resembles duck excrement. Though many Chinese physicians may confidently identify among different samples of human feces those which they believe correspond to the notion of ‘duck slop’, one suspects that different Chinese physicians (even ones with first hand experience of ducks) might identify different samples. Nevertheless, a doubtful area of term meaning can be turned into certainty in the translation process. When one browses current English-language literature, one finds far fewer references to duck’s excrement than in Chinese literature, indicating that the metaphor and the problems of what it means have been conveniently ‘settled’ by the translator by a choice of some term that is apparently more meaningful to the Western reader (loose stool? diarrhoea?). In *duck stool*, the metaphor is a quality-defining standard, and must be preserved in translation if the standard is to be preserved for the TL reader. The translator may wish to relate this standard to something more familiar to the reader (fewer Westerners are familiar with ducks than Chinese), but this should be done through textual notes, not by tampering with the term.

In Chapter 5 (Nature of Chinese Medical Terminology), I distinguished several types of metaphor: formal, functional, systematic, and definitional, in ascending order of their importance in reflecting the concept denoted. The importance of preserving the metaphor would therefore follow the same order. It is less important to preserve the formal metaphor of 龜頭 *guī tóu*, lit. ‘tortoise’s head’, i.e., glans penis, than the functional metaphor of 血爲氣之母 *xuè wéi qì zhī mǔ*, blood is the mother of qì, or the systematic metaphor of 正氣 *zhèng qì*, right qì and 邪氣 *xié qì*, evil qì.

Table 11. Translation of Metaphor

LGP	LSP	Metaphor		
metaphor	formal	functional	systematic	definitional
dispensable	←	literalism	→	indispensable

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One type of metaphor that can be safely ignored is metaphor of LGP origin. Notable examples of this, 大便 *dà biàn*, ‘greater convenience’ (stool), 小便 *xiǎo biàn*, ‘lesser convenience’ (urine), and 麻木 *má mù*, ‘hemp [and] wood’ (numbness), will be discussed further ahead.

Metaphor is sometimes poorly distinguished from direct language. For instance, the term 氣 *qì* appears to be used in many distinct senses in Chinese. It is used in the primary sense of gas or vapor (e.g., 矢氣 *shǐ qì*, ‘flatus’), and in the specific extended sense of breath. Nevertheless, when the word *qì* denotes the entity that flows through the channels and activates physiological processes, it is being used in a specific extended sense, although it is difficult to state whether this is a metaphorical extension or not. The reason for this is that *qì* as an active principle is a speculative concept.

At the borderline between primary and extended meaning, the terminology of Chinese medicine makes use of LGP expressions in *narrowed* or *specialised* senses. The word 積 *jī* denotes any form of accumulation. In Chinese medicine, it is used in the specific sense of an accumulation of the contents of the digestive tract.

In the term 和胃 *hé wèi*, harmonise the stomach, for example, 和 *hé* is used in the specific sense of promoting the stomach’s function of ensuring the downward passage of food. Other examples follow:

- 1208. 漏 *lòu*, lit. ‘leak’, fistula; spotting (mild abnormal discharge of blood via the vagina)
- 1209. 積 *jī*, lit. ‘accumulate’. accumulation (a certain kind of abdominal mass)
- 1210. 聚 *jù*, lit. ‘gather’, gathering (a certain kind of abdominal mass)
- 1211. 表 *biǎo*, lit. ‘surface’, exterior (the exterior of the body, including the skin and flesh)
- 1212. 津 *jīn*, lit. ‘liquid’, liquid (the thinner bodily fluids)
- 1213. 液 *yè*, lit. ‘liquid’, humour (thicker bodily fluids)
- 1214. 勞 *láo*, lit. ‘toil, tax (the body)’, taxation (severe weakness resulting from excessive physical activity, or illness)
- 1215. 淋 *lín*, lit. ‘drip, dribble’, strangury (inability to achieve a full stream of urine, and involuntary dripping of urine, often associated with pain)
- 1216. 絡 *luò*, lit. ‘network’, ‘stringy pith of tangerines, gourds, and other fruits’; ‘connect’, network [vessel]

The *six excesses* (六氣 *liù qì*), which are of great importance in the explanation of disease, also lie at the borderline of metaphor and direct language. While the word 火 *fire* is clearly metaphorical, 風 *fēng*, wind, as stated in 5 (Extension Status), is not so easy to

classify. Furthermore, the pathological processes to which the six excesses give rise are described in terms that are difficult to categorise as metaphorical or direct.

1217. 寒凝肝脈 *hán níng gān mài*, cold congealing in the liver vessels

1218. 肝火上炎 *gān huǒ shàng yán*, liver fire flaming upward

1219. 濕熱下注膀胱 *shī rè xià zhù páng guāng*, damp-heat pouring down into the bladder

1220. 肝風內動 *gān fēng nèi dòng*, liver wind stirring internally

1221. 肺熱葉焦 *fèi rè yè jiāo*, lung heat scorching the lobes

1222. 陰虛火旺 *yīn xū huǒ wàng*, effulgent yīn vacuity fire

The problem seems to affect many descriptions of pathomechanisms (病機 *bìng jī*).

1223. 氣滯 *qì zhì*, qì stagnation

1224. 肝氣鬱結 *gān qì yù jié*, depressed liver qì

1225. 肝氣犯胃 *gān qì fàn wèi*, liver qì invading the stomach

1226. 驅寒 *qū hán*, expel cold

It is also seen in descriptions of therapeutic actions:

1227. 和胃 *hé wèi*, harmonise the stomach

1228. 活血 *huó xuè*, quicken the blood

1229. 攻痰 *gōng tán*, attack phlegm

These descriptions may be understood to rest on metaphorical or general uses of the verbs in question. In either case, semantic translations are adequate, if not the only translations possible.

7.3.4 WESTERN MEDICAL EQUIVALENTS

I have emphasised several times that in the interests of preserving as far as possible the conceptual fabric of the subject matter, the technical concepts embodied in terms should be transferred to the TL in the translation process. In Chapter 3, I noted that this principle was generally applied in the translation of Western medical terminology into Chinese, and in Chapter 6, I argued that it should be applied all the more stringently in the translation of Chinese medicine given the ambient dominance of Western medicine.

It is important to distinguish conceptually inaccurate Western medical equivalents from anisomorphic LGP equivalents used in Western medicine such as ‘measles’ for 麻疹 *má zhěn*, lit. ‘hemp rash’, as equivalent to the English ‘measles’. A term used in Western medicine is a suitable equivalent provided it is free of connotations alien to the Chinese medical concept and preferably if it does not obscure the Chinese medical connotations

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‘Measles’ is acceptable for 麻疹 *má zhěn* on the one hand because the term has long been used by the lay and has no technical connotations in Western medicine and on the other because the semantic translation of the Chinese term (‘hemp rash’) includes no technical Chinese medical information that we might wish to preserve in translation. By contrast, ‘acute conjunctivitis’ is an unacceptable equivalent of 風火眼 *fēng huǒ yǎn* on the one hand because it might misleadingly imply that Chinese medicine identifies the conjunctiva as an anatomical entity and on the other because a semantic translation of the Chinese term supplies useful information about the concept (a disease of the eye caused by wind and fire).

By the same token, 中風 *zhòng fēng* is better translated as *wind stroke* (or *wind strike*) than as *cerebrovascular accident*. Cerebrovascular accident is commonly referred to in nonmedical English as *stroke*, just as in Chinese it is referred to as 中風 *zhòng fēng*. The English *stroke* is an exact semantic parallel with 中 *zhòng* (to strike [in the 中 *zhōng*, ‘centre’]), and in the Chinese term the additional presence of ‘wind’ (風 *fēng*) serves to indicate the cause perceived in Chinese medicine. In English, when *stroke* is reformulated as *wind stroke*, the student is drawn from traditional lay perceptions common to both Chinese and Westerners into the conceptual world of Chinese medicine. *Cerebrovascular accident* implies an understanding of the disease in modern scientific terms that is removed from both the lay perception and the Chinese medical perception. Similarly, 傷寒 *shāng hán* is better literally translated as *cold damage* than as *febrile disease* if we are to reflect the causes to which Chinese medicine attributes it.

The number of terms used in Western medicine that can represent Chinese medical terms without introducing extraneous notions is limited. The list below includes both LGP terms and LSP-bound terms. In the LGP category are old terms of popular origin (*measles*, *mumps*, *malaria*) that have no connotations of the modern medical understanding of the disease in question, as well as terms adopted into popular speech from medical Latin (*penis*, *vagina*, *diarrhoea*). Of course, LGP terms also include body parts, organ names, and bodily substances previously mentioned (Chapter 5, Nature of Chinese Medical Terminology). In the LSP-bound category are terms such as *lochia*, *enuresis*, *tenesmus*, and *papule*, which, though opaque to English speakers, have no literal meaning that would make specialised modern medical knowledge inappropriate in the Chinese medical context. Even for those who understand the etymology of *scrofula* (‘little pig’), *diphtheria* (‘leatheriness’), *scrotum* (‘quiver’), *penis* (‘tail’), and *hemorrhoids* (‘bleeding’ [vessels]), these associations do not in any way interfere with the understanding of the Chinese concepts.

TRANSLATION OF CHINESE MEDICAL TERMS

1230. 舌苔 <i>shé tāi</i> , lit. ‘tongue moss’, tongue fur	1248. 淋 <i>lín</i> , lit. ‘dribbling’, strangury
1231. 陰莖 <i>yīn jīng</i> , lit. ‘yīn stem’, penis	1249. 白喉 <i>bái hóu</i> , lit. ‘white throat’ diphtheria
1232. 陽事 <i>yáng shì</i> , lit. ‘yáng (i.e., male) affair’, penis	1250. 偷針 <i>tōu zhēn</i> , lit. ‘steal needle’, sty
1233. 外腎 <i>wài shèn</i> , lit. ‘external kidney’, external genitals	1251. 腹 <i>fù</i> , abdomen
1234. 陰囊 <i>yīn náng</i> , lit. ‘yīn sac’, scrotum	1252. 咽 <i>yān</i> , pharynx, throat
1235. 龜頭 <i>guī tóu</i> , lit. ‘tortoise’s head’, glans penis	1253. 喉 <i>hóu</i> , larynx, throat
1236. 陰頭 <i>yīn tóu</i> , lit. ‘yīn head’, glans penis	1254. 耳聾 <i>ěr lóng</i> , deafness
1237. 陽萎 <i>yáng wěi</i> , lit. ‘yáng wilt’, impotence	1255. 兔唇 <i>tù chún</i> , harelip
1238. 惡露 <i>è lù</i> , lit. ‘malign dew’, lochia	1256. 頭痛 <i>tóu tòng</i> , headache
1239. 盜汗 <i>dào hàn</i> , lit. ‘thief sweating’, night sweating	1257. 心悸 <i>xīn jì</i> , heart palpitations
1240. 裡急后重 <i>lǐ jí hòu zhòng</i> , lit. ‘internal urgency and posterior heaviness’, tenesmus	1258. 疹 <i>zhěn</i> , papule
1241. 鄭語 <i>zhèng yǔ</i> , lit. ‘repetitious speech’, muttering	1259. 白痞 <i>bái péi</i> , miliaria alba
1242. 便泄 <i>biàn xiè</i> , lit. ‘convenience flowing’, diarrhoea	1260. 斑 <i>bān</i> , macule
1243. 便秘 <i>biàn bì</i> , lit. ‘convenience tight’, constipation	1261. 癰 <i>jié</i> , boil
1244. 半身不遂 <i>bàn shēn bù suì</i> , lit. ‘half body not following [the command of conscious control]’, hemiplegia	1262. 痘 <i>dòu</i> , pox
1245. 遺尿 <i>yí niào</i> , lit. ‘lose urine’, enuresis	1263. 黃疸 <i>huáng dǎn</i> , jaundice
1246. 雞眼 <i>jī yǎn</i> , lit. ‘chicken’s eye’, corn	1264. 胼胝 <i>pián zhī</i> , callus
1247. 麻疹 <i>má zhěn</i> , lit. ‘hemp rash’, measles	1265. 痧腮 <i>zhà sāi</i> , mumps
	1266. 瘧 <i>nüè</i> , malaria
	1267. 疫 <i>yì</i> , epidemic
	1268. 痔 <i>zhì</i> , hemorrhoids
	1269. 痢疾 <i>lì jí</i> , dysentery
	1270. 癰 <i>lòu</i> , fistula
	1271. 瘰癧 <i>luǒ lì</i> , scrofula
	1272. 癭 <i>yǐng</i> , goiter
	1273. 感冒 <i>gǎn mào</i> , common cold
	1274. 癲癇 <i>diān xián</i> , epilepsy

In Chapter 3, I noted that numerous Chinese medical terms had been included in the Chinese terminology of Western medicine. Before deciding whether Western medical terminology should be allowed to be used to the same extent, or even indiscriminately, in the translation of Chinese medical terminology, it is important to consider a) the nature of the knowledge and b) the gradients of cultural influence. Chinese physicians attempting

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to label Western medical concepts in their own language had a cast-iron definition for each concept; their problem was merely to find a name for it. Any Chinese medical term that was chosen to represent a Western medical concept assumed the Western medical definition, and lost any connotations deriving from the Chinese medical LSP. When 中風 *zhòng fēng* was used to represent ‘apoplexy’, the literal meaning of the Chinese term (wind stroke) was ignored. Western medicine does not recognise wind as a cause of disease, so the ‘wind’ in *wind stroke* is a completely dead metaphor. In the translation of Chinese medical terminology in English, the situation is different, because Chinese medicine is marginal, and Western medicine is dominant. The staunchest enthusiasm for Chinese medicine is not strong enough to banish the strictly Western medical associations of terms such as *acute conjunctivitis*. Given the negative prestige factor, it is important to avoid the use of any Western medical terms that implicitly suggest Western medical ideas.

There are borderline cases where it is difficult to decide whether to adopt an existing English term or translate the Chinese literally. The English ‘cholera’, like the Chinese 霍亂 *huò luàn*, originally referred to any condition of fulminant vomiting and diarrhoea. The definition in modern medicine has been reduced in the scope of its meaning to conditions caused by *Vibrio cholerae*. On these grounds, it has been suggested that a semantic translation such as ‘sudden turmoil’ might be more acceptable. Nevertheless, there is a further argument in favour of ‘cholera’: as mentioned in 5.2.2.1 (Borrowing), the Chinese word, although written with characters meaning ‘sudden turmoil’, may in fact be a loan from the Greek, like our English word (Unschuld 1998: 11–12). There are a number of borderline cases:

- 1275. 霍亂 *huò luàn*, lit. ‘sudden turmoil’, cholera
- 1276. 角弓反張 *jiǎo gōng fǎn zhāng*, lit. ‘[like] horn [or] bow back stretch’, opisthotonos
- 1277. 循衣摸床 *xún yī mō chuáng*, lit. ‘feel clothes, touch bed’, carphology
- 1278. 發熱 *fā rè*, lit. ‘effuse heat’, fever
- 1279. 盜汗 *dào hàn*, lit. ‘thief sweating’, night sweating
- 1280. 惡寒 *wù hán*, lit. ‘aversion to cold’, chill
- 1281. 丹毒 *dān dú*, lit. ‘cinnabar toxin’, erysipelas
- 1282. 雀目 *què mù*, lit. ‘sparrow vision’, night blindness
- 1283. 閉經 *bì jīng*, lit. ‘menstrual block’, amenorrhoea
- 1284. 惡阻 *è zǔ*, lit. ‘malign obstruction’, morning sickness
- 1285. 痢疾 *lì jí*, lit. ‘uninhibited (referring to diarrhoea) disease’, dysentery

The Chinese 角弓反張 *jiǎo gōng fǎn zhāng* corresponds to *opisthotonos* in West-

English terms is familiar to most native English speakers, and *carphology* is probably no longer even familiar to modern medical physicians. *Arched-back rigidity* and *picking at bedclothes*, both of which are explanations of the terms to be found in Western medical literature, are clearer names for these concepts. Actually, they are close in literal meaning to the Chinese.

In certain cases, a term used in Western medicine is nearly, but not quite, referentially synonymous with a Chinese medical term. Although 發熱 *fā rè* is generally considered to be equivalent to our Western notion of ‘fever’, the term includes subjective sensations of heat that could not be described as fever in either the modern medical sense or on the colloquial sense of the term (in Western medicine, fever is referred to as 發燒 *fā shāo*). *Chill* is often considered as the equivalent of 惡寒 *wù hán*, whereas in fact it is considerably narrower in meaning (referring to acute sensations of cold only). *Night sweating* is referentially the same as 盜汗 *dào hàn*, according to its accepted definition (sweating during sleep or at night, as in tuberculosis), but the term itself suggests sweating at night only. *Purgation* refers to the same object as 下 *xià*, lit. ‘[causing to go] down’, yet while the English literally means to cleanse the Chinese means to send down. The Chinese 水腫 *shuǐ zhǒng* is rendered by most translators as *oedema*, but in the proposed terminology it is translated literally as *water swelling*. In Western medicine, *oedema* refers to any excessive presence of fluid in the tissue spaces. Although 水腫 *shuǐ zhǒng* is used in this sense in Western medicine, in Chinese medicine it refers to swelling due to disease among the five viscera, and does not include *wound oedema*, which in Chinese medicine might be classed as 腫毒 *zhǒng dú*. In all of the foregoing five examples, the existing English terms can be replaced with semantic translations (*heat effusion*, *aversion to cold*, *thief sweating*, *precipitation*, and *water swelling*). Nevertheless, the question remains as to whether it is justifiable not to render LGP/WM terms with LGP/WM equivalents. The terms *heat effusion*, *aversion to cold*, and *thief sweating* contain generic LGP words (*cold*, *heat*, and *sweating*), but none of the complex terms has the familiarity that the original Chinese terms have for the Chinese speaker. *Precipitation*, in particular, asks the foreign reader to reconceptualise a familiar phenomenon. The answers to such questions lie in how great the conceptual difference is between an existing equivalent of a Chinese term and how far the readership is prepared to follow the translator.

Semantically deviant translations are immediately thrown into question when the relationship of a concept to its (Chinese) name is discussed. If the translator renders 舌苔 *shé tāi* with either of our normal expressions, *tongue fur* or *tongue coating*, he or she runs into problems when translating a discussion explaining that the *tongue moss* is so called

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(in Chinese) because of its similarity to moss (Seifert, personal communication 1998). There might be adequate grounds in such cases for reserving *tongue moss* as an acceptable alternative to the idiomatic expressions (semantic equivalents). Sometimes the poor motivation of an equivalent becomes apparent in certain contexts. At first sight, it does not seem unreasonable to translate 帶下 *dài xià* as *leukorrhea* (from Greek *leuk-* white, *-rhea* flow), but any attempt to use this choice in the context of the Chinese differentiation into different colours (red, yellow, etc.) causes a dissonance for the reader sensitive to the literal meaning of the English term *leukorrhea*. For many, *herb* (Latin *herba* grass) is the natural equivalent of the Chinese 藥 *yào*, but *mineral herbs* as a category would surely strike most speakers as being wrong.

The choice between adopting an existing English term and coining a new term (source-independent formation) is sometimes difficult. In *English-Chinese Chinese-English Dictionary of Chinese Medicine*, I included a number of optional translations for cases like this:

1286. 霍亂 *huò luàn*, sudden turmoil/cholera

1287. 發熱 *fā rè*, heat effusion/fever

1288. 陽痿 *yáng wěi*, *yáng* wilt/impotence

1289. 腎囊 *shèn náng*, kidney sac/scrotum

1290. 耳鳴 *ěr míng*, ringing in the ears/tinnitus

1291. 遏阻 *è zǔ*, malign obstruction/morning sickness

In such cases, it is difficult to decide whether to move the TL reader toward the source, or to accommodate the source to the TL reader. It seems logical to suppose that readers unfamiliar with the Chinese language are much less likely to accept semantic translations as substitutions for familiar terms. While those familiar with Chinese would be likely to accept, say, the term *thief sweating* since they can, as it were, see the Chinese through the English, those unfamiliar with Chinese would require an explanation of the term in relation to the concept. It would be legitimate to imagine that widespread learning of Chinese would increase the acceptance of source-oriented terms. It would also tend to reduce conflation of what in Chinese are distinct concepts into one familiar concept in English, as appears to happen when 心下 *xīn xià*, [region] below the heart, 胃脘 *wèi guǎn*, stomach duct, and 大腹 *dà fù*, greater abdomen are all rendered as *epigastrium*.

The translator's choice between an existing term and a new coinage might depend on the type of text being translated and the purpose of the translation. In the translation of historical documents for the purpose of understanding their content in terms of the

to greater literalism (e.g., translating 子宮 *zǐ gōng* as *infant's palace* and explaining it as 'uterus' in a note or commentary). In a document prepared for those unfamiliar with Chinese medicine, semantic translations would be unnecessarily burdensome.

In general, where no ready-made English expression corresponding to the Chinese exists, a semantic translation of the Chinese term usually supplies the need well. Chinese medical terminology is largely composed of commonly used LGP words, mostly of a universal nature, i.e., having relatively clear equivalents in other languages. If, say, the translator were to translate 子宮 *zǐ gōng* as 'infant's palace', he or she would impose on the reader the burden of learning a new vocabulary item, but would not stretch the reader's capacities of conceptualisation very far.

7.3.5 NARROWING THE CHOICE OF TL TERM

The discovery of a semantic translation for terms is not necessarily the end of the term-formation process. Given the low level of exact lexical correspondence between languages, the choice of one semantic translation does not necessarily rule out other choices. Procedures are needed to decide which of two or more candidate terms is the best. Although the aim of this study is to establish principles for the translation of Chinese medical terms rather than to propose a normative list of terms, it is none the less appropriate to discuss how the scope of choice can be narrowed down.

In Chapter 6 (Transmission and Translation of Chinese Medicine), I discussed the disadvantages of Porkert's use of Latin terminology and Lǐ Zhào-Guó's use of classical derivations. Suffice it here to repeat that both of these methods place unnecessary burdens even on educated English speakers. I shall discuss them no further, and consider the choices restricted to standard English vocabulary.

7.3.5.1 Determining the motivating sense

Terms often contain polysemous words, and it is naturally important to determine which of their multiple senses they are used in. A straightforward example is 正頭痛 *zhèng tóu tòng*, in which 正 *zhèng* specifies a kind of headache. This character has many meanings, including 'straight', 'upright', 'correct', 'positive', 'regular', 'rectify', etc. 正頭痛 *zhèng tóu tòng* is often contrasted with 偏頭痛 *piān tóu tòng*, in which the component 偏 *piān* is also used in many difference senses: 'inclined to one side', 'biased', 'partial', 'prejudiced'. In other contexts, however, 正 *zhèng* may be used in different senses. For example, in 正氣 *zhèng qì*, the choice of 正 *zhèng* rests not on positional sense, but on an extended moral sense of 'right', 'righteous'. Another example is the Chinese 腫 *zhǒng*, which literally means both 'swell' and 'throb', the motivating sense must

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be chosen: 腰如繩束 *yāo rú shéng shù*, waist as if girthed with rope; 腰酸 *yāo suān*, aching lumbus. Once we determine which sense motivates the choice of these words in the Chinese terms, the choice of English equivalent is narrowed.

- 1292. 正頭痛 *zhèng tóu tòng*, medial headache
- 1293. 偏頭痛 *piān tóu tòng*, hemilateral headache, migraine
- 1294. 乳蛾 *rǔ é*, baby moth
- 1295. 經絡 *jīng luò*, channels and network [vessels]
- 1296. 背俞 *bèi shū*, back transport point
- 1297. 五俞穴 *wǔ shū xué*, five transport points
- 1298. 戰汗 *zhàn hàn*, shiver sweating
- 1299. 藏府 *zàng fǔ*, storehouses and mansions
- 1300. 支滿 *zhī mǎn*, propping fullness

The motivating sense is not always easily identifiable. 乳蛾 *rǔ é*, for example, literally means ‘breast/nipple/suckling moth’, and denotes a condition that in modern medicine would be diagnosed as tonsillitis. A semantic translation is problematic, because the exact sense of 乳 *rǔ* in the term is unclear. Two possibilities have been suggested (Xū & Chén 1992). One is a double metaphor, ‘a swelling in the throat that looks like a breast/nipple or a moth’ or else 乳 *rǔ* could be taken as qualifying moth, i.e., a ‘suckling moth’. The latter interpretation would, of course, be based on an extended use of ‘suckling’ unless we assume that the person who coined the term was ignorant of the fact that moths do not suckle their young. A clear semantic translation of the latter is *baby moth*. Note that this is quite a rare example of a term component being used in an LGP extended sense.

Different interpretations have been put forward for 經 *jīng* in 經絡 *jīng luò*, channels and network [vessels]. Soulié de Morant (1994: 24) suggests an astronomical metaphor on which the translation *meridian* is based, while Unschuld (1985) suggests a transformational metaphor, on which *conduit* and *channel* have been based.. Other suggestions have also been put forward (see, for example, Chén Z-F & Hé S-H 1990). Until the origin of the term has been definitively established, the question as to the best source-oriented translation will remain open.

7.3.5.2 Comparative componential analysis

When two or more literal equivalents of the motivating sense of the Chinese word present themselves and these are close in meaning, a comparative analysis of the meaning components of the SL term and the TL options can help to decide which option is the best.

The term 衛氣 *wèi qì* has been variously rendered as *protective qì* and *defence (defensive) qì*. These two renderings are both literal and they are close in meaning. Yet we require a mechanism to decide which choice is the better. We can do this by breaking down the meaning components of potential equivalents ('defend', 'protect'), and comparing these with a similar analysis of the Chinese term. This is a comparative application of *componential analysis* for translation purposes that has been described by Nida (1964: 82–87) and Newmark (1988: 114–123).

By comparative componential analysis, we find that 衛 *wèi*, 'protect', and 'defend' all imply 'keeping something safe'; 衛 *wèi* and 'defend' both imply resistance, whereas 'protect' implies the interposition of a shield or barrier. Of the two candidates, 'defend' is the better because it shares the same semantic components as the Chinese term. We can express this analysis in the following way:

Table 12. Comparative componential analysis for the translation of 衛 *wèi*

	Keep safe	By resistance	By a shield
衛 <i>wèi</i>	+	+	
Defend	+	+	
Protect	+		+

Let us consider another example. The Chinese 濕 *shī* might suggest a number of possibilities beyond Wiseman's choice of the word *dampness*. Depending on the context, 濕 *shī* corresponds to *wet(ness)*, *damp(ness)*, *humid(ity)*, and *moist(ure)*. We have four words in English that correspond to the Chinese. *Wetness* is the state of being covered in or soaked in water. *Moisture* means slight wetness; water in an evaporated or condensing state. *Damp* (as a noun) denotes 'moisture in the air, on a surface, diffused through a solid' (*The New Shorter Oxford Dictionary*). The word *damp* often collocates with *cold* ('cold and damp'). *Humidity* in the meteorological usage means 'degree of dampness of the atmosphere'. Nevertheless, *humid* and *humidity* in general contexts imply dampness associated with heat, and the two words are often collocated ('the heat and humidity of tropical climes').

A comparative componential analysis of 濕 *shī* and its potential equivalents can be presented in schematic form in the table below. Double addition signs indicate strong connotations.

Table 13. Comparative componential analysis for the translation of 濕 *shī*

	Liquidity	Pervasiveness	Cold	Heat
濕 <i>shī</i>	+	+	++	+
Wet(ness)	+		+	
Moist(ure)	+	+		
Damp(ness)	—	++	++	
Humid(ity)	—	+		+

None of the English words are as broad in meaning as the Chinese term. Contact with water is recognised as a contributing factor to diseases attributed to 濕 *shī*, but the presence of water in liquid form is not a necessary condition. Hence the notion of pervasiveness is more central to 濕 *shī* as a cause of disease than liquidity. If we discount *wetness* and *moisture* as term equivalents on account of their denoting liquid (or close-to-liquid) forms of water, we are left with *dampness* and *humidity*. The choice is decided when we consider that in Chinese medicine 濕 *shī* is said to be a ‘yīn evil’. ‘Dampness’, by its typical association with ‘cold’, conveys this connotation better than *humidity*, and besides it is probably the most commonly used equivalent. (It might not be superfluous to note that 濕 *shī* in the environment is considered to be a major cause of conditions we normally describe as rheumatic, and those suffering from rheumatism in the West complain of exacerbation in cold, damp weather—precisely the cause the disease is attributed to in Chinese medicine.)

Careful choice of semantic translation that takes account of the various applications of terms in context can provide solutions for terms that have been used in different meanings and where it is not always possible to determine in what sense the term is used. The term 促 *cù* in pulse descriptions may have originally meant nothing more than ‘urgent’ or ‘rapid’ until Wáng Shū-Hé (王叔和) in his *Mài Jīng* (脈經 “Pulse Canon”) defined it as a rapid interrupted pulse. When we choose a literal equivalent such as ‘skipping’ that does not clash with either of these specific senses, we have a term that can be used in any context. Similarly, 緩 *huǎn* generally denotes a pulse slightly slower than normal (four beats per respiration), but can also mean ‘coming and going evenly’ or ‘flowing gently’. The English word ‘moderate’ covers both these senses. Similar problems in the translation of pulse terms have previously been described (Wiseman & Féng 1999).

In choosing equivalents, it is important to reflect the distinction between LGP and LSP terms in translation. Nevertheless, it is not always possible to find words of the same frequency. For example, the Chinese 外感 *wàigǎn* is a basic word in the terminology of Chinese

medicine it is used in the specific sense of gradual change, in contrast to 變 *biàn*. In the proposed terminology, this sense is rendered systematically *transform*, which is a learned word by comparison with the Chinese (*change* would not convey the right sense).

Finally, it should be noted that componential analysis as a method of analyzing the meanings of words has fallen out of favour with linguists since Eleanor Rosch (??) pointed out flaws in the classical taxonomy on which it is based and proposed instead the notion of prototypes. Despite this, componential analysis remains a practical method of comparing meanings between languages.

7.3.6 DEVIATION FROM SEMANTIC TRANSLATION

So far I have only dealt with typical cases calling for semantic translation, and certain peripheral considerations (blood, organ names). There are some instances, however, where semantic translation, in the strict sense in which this expression is used here, does not apply.

The boundary between LGP terms and LSP-specific terms is not clearly drawn. Between universal concepts such as ‘umbilicus’, ‘knee’, ‘head’, ‘eye’, and terms that only the initiate understands such as 表虛 *biǎo xū*, exterior vacuity, or 血熱妄行 *xuè rè wàng xíng*, frenetic movement of hot blood, there are a multitude of terms that would be difficult to place in either category. LGP and LSP can only be considered as poles. Despite this, the distinction is an important one.

7.3.6.1 Absence of Exact LGP Equivalents

The first problem posed by semantic translation is that some LGP terms do not have exact equivalents between languages. For linguists, colour words have long been classic examples of anisomorphism, or lexical noncorrespondence between languages. In Chinese medicine, the colour spectrum is divided into five primary colours, each of which is associated with one of the five phases: 青 *qīng*, green (wood); 赤 *chì*, red (fire); 黃 *huáng*, yellow (earth); 白 *bái*, white (metal); and 黑 *hēi*, black (water).

Although there are other commonly used colour words (notably 紫 *zǐ*, purple), the number of primary colours had, for numerological reasons, to be restricted to five. For English speakers considering the words given as translations of these colour words, there are apparent gaps in this colour spectrum. How are our concepts of ‘blue’, ‘orange’ and ‘brown’ to be accommodated in this system? If we assume that the five-section spectrum is complete, the missing colours must be covered by the five terms. What an English speaker considers ‘missing’ on the basis of the English colour names given as ‘equivalents’, are

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‘blue’ is covered by 青 *qīng*. The problem that the translator faces is whether to vary the translations according to context, to force a match by redefining the English terms, or to coin a new term. The latter two are the only options if the fixed slots of colour categories are to be preserved in translation. For 青, the solution I offer in the proposed terminology is *green-blue*. Another option is to define less familiar colour words such as *cyan* or *virid* in the Chinese sense. For 黃, it is probably sufficient for the TL reader to be alerted that *yellow* must be understood to mean a broader section of the colour spectrum than we normally associate with the word.

Terms used in their LGP sense largely belong to a category of terms that Unschuld calls *generics*, concepts common to all or a large portion of mankind. The existence of generics, or *universals* as they are referred to in this study, is beyond doubt, but they do not form a fixed set of identical synonyms. Body parts are a domain in which there are many universals between languages (‘head’, ‘eye’, ‘ear’, ‘neck’, ‘chest’), but which nevertheless does not entirely escape the problems of anisomorphism. For instance, the Chinese 毛 *máo* and 髮 *fǎ* (corresponding to French *poil* and *cheveux*) have only a single equivalent in English, *hair*, although we can express the distinction by saying *hair of the body* and *hair of the head*. The Chinese 腰 *yāo* corresponds to both *waist* and *lumbus* (or *low back*). Some body parts have no exact correspondences: 脅 *xié* and 膕 *guó* are areas that, rather than named, are described: *sides of the ribcage*, *back of the knee*. Similarly, 暑 *shǔ* has no name in English, but is described as *heat of the summer*. Periphrastic descriptions can usually be sharpened into tighter naming compounds (*body hair*, *rib-side*, *summerheat*), though *back of the knee* resists this.

7.3.6.2 Source-Independent Formation

When a Chinese term is poorly motivated, a highly literal translation can stretch the reader’s imaginative capacities. A good example is 半表半裡 *bàn biǎo bàn lǐ*, lit. ‘half exterior half interior’, which in the *Shānghánlùn* refers to the location of the disease evil in lesser yáng disease. The term is misleading, because according to *Shānghánlùn* theory, ‘half exterior half interior’ would suggest partly greater yáng and partly yáng brightness. In actual fact, ‘half exterior half interior’ means a location between greater yáng and yáng brightness. The concept is more clearly expressed in English as ‘half-way penetration’ or ‘mid-stage penetration’. It is interesting to note, however, that from the translator’s point of view, the more semantic translation is perhaps preferable because it is more easily related to the original Chinese term.

The translation ‘half-way penetration’ suggested for 半表半裡 *bàn biǎo bàn lǐ* is

is a name for the concept that is, in part at least, independently formed on the basis of the definition of the concept. From our understanding of the concept, we can produce a new name or adjust the semantic translation.

In many cases, a semantic translation of a poorly motivated Chinese term produces an English term that is not sufficiently self-explanatory. Nevertheless, the semantic translation can often be improved by the addition of words. 眼弦 *yǎn xián*, literally ‘eye string’, gives only a poor indication that this refers to the palpebral margin (although ‘eye line’ might almost be acceptable). 搭背 *dā bèi* literally means ‘reach/touch back’ but gives no hint that the term denotes a sore on the back (that can be reached with one’s own hand); 肩息 *jiān xī*, ‘shoulder-breathing’, fails to explain the connection between the body part and physiological function; 吞酸 *tūn suān*, ‘swallowing acid’, does not inform the reader that patient swallows the acid welling up from his own stomach rather than industrially produced acid accidentally or intentionally swallowed; 嘈雜 *cáo zá*, ‘noise’, ‘hubub’, gives no indication of the metaphorical usage nor location of the supposed ‘noise’. In all of these cases, the definition of the concept helps to provide English speakers with meaningful translations. Note that the problems here are similar to those of translating *ascites* or *scrotum* into German and Chinese.

In a number of cases, negative and affirmative polarity can be reversed in translation. Consider the following examples:

1301. 利 *lì*, disinhibit

1302. 不利 *bù lì*, inhibited

1303. 解顱 *jiě lú*, ununited skull

1304. 死胎不下 *sǐ tāi bù xià*, retention of dead fetus

1305. 口角不閉 *kǒu jiǎo bù bì*, gaping corners of the mouth

1306. 眼無光彩 *yǎn wú guāng cǎi*, dull eyes

Sometimes a semantic translation is confusing because of different connotations of words in English. For instance, 高風雀目 *gāo fēng què mù* literally translates as ‘high wind sparrow eye’. Nevertheless, the collocation ‘high wind’ in English suggests wind of high speed. The Chinese ‘high’ in this context means high up in the body. ‘Looking (or seeing) straight’ might be considered a more literal translation for 直視 *zhí shì* than *forward-staring eyes*. Nevertheless, it is problematic. *Look* in English means using one’s eyes with the intention of seeing, while *see* implies perception. The patient whom the Chinese phrase describes neither looks with intention nor may actually be seeing anything. *Stare* fits the need better because it means to gaze fixedly, mindfully or mindlessly.

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ous since *straight* in the sense of ‘normal’ can collocate with *look* in the sense have a particular kind of appearance. The term 甘瀾水 *gān lán shuǐ* literally means ‘sweet billow(ed)/swash water’, and denotes water that has been repeatedly scooped from its container and poured back into it. 瀾 *lán* means a ‘billow’ or ‘wave’, but is here used as verb meaning to agitate or stir (to produce waves). No literal English translation can express the meaning of the term. *Worked water*, a close semantic translation of the Chinese synonym 勞水 *láo shuǐ*, is much more self-explanatory.

Under certain circumstances, however, it might be permissible to stretch English usage. In the proposed terminology, 懶言 *lǎn yán* has been rendered as very literally as *laziness to speak*. In English, *laziness* usually denotes a state attributed to lack of discipline rather than to illness. The Chinese 懶 is somewhat broader in meaning, and Chinese speakers explain the term 懶言 *lǎn yán* in modern colloquial speech as 懶得講話 *lǎn de jiǎng huà*, “cannot be bothered to speak.” Such an expression in English has no appropriate noun form, and the natural LGP equivalent, *no energy to speak*, introduces some (unclear) notion of energy that is alien to the Chinese understanding.

Grammatical considerations influence the acceptability of semantic translation. Certain features of Chinese expression are not easily recreated in translation. A literal translation of the paratactical couplet 手舞足蹈 *shǒu wǔ zú dào* such as ‘hands dancing, feet dancing’ would barely be acceptable in English. One reason is that English speakers prefer to describe exaggerated movement of the limbs as ‘flailing’ rather than ‘dancing’ (‘dancing’ wrongly suggests elegant movement). In fact the collocation of *flail* with *arms* and *legs* in English is almost sufficient to consider this translation to be an LGP equivalent. Another reason is that although English does have couplets such as these (‘foot loose and fancy free’), it would be difficult to devise one that would be clear as well as accurate to match 手舞足蹈 *shǒu wǔ zú dào*. Another example of a paratactical couplet is 回光反照 *huí guāng fǎn zhào*, lit. ‘return light, shine back’, which refers to the sudden brightening of the sky sometimes observed just before the sun sets, metaphorically describing a short-lived improvement in a patient’s condition before death. ‘The last radiance of the setting sun’ captures the metaphorical image more clearly in English. This translation barely reflects any of the components of the Chinese term; it is a redescription of the image evoked by the Chinese phrase in idiomatic English.

Below is a list of terms whose equivalents are not so literal (but not necessarily unsemantic):

Unliteral Translations

1307. 回光反照 *huí guāng fǎn zhào*, lit. ‘return light back shine’, last radiance of the setting sun
1308. 殘燈復明 *cán dēng fù míng*, lit. ‘dying lamp brightens again’, last flicker of the lamp
1309. 天哮 *tiān xiāo*, lit. ‘heaven wheezing’, earlier-heaven wheezing (earlier heaven = congenital)
1310. 青盲 *qīng máng*, lit. ‘green-blue (or black) blindness’, clear-eye blindness (earlier heaven = congenital)
1311. 天宦 *tiān huàn*, lit. ‘heaven eunuchism’, earlier-heaven eunuchism
1312. 齒衄 *chǐ nù*, lit. ‘bleeding teeth’, bleeding gums
1313. 怔忡 *zhēng chōng*, lit. ‘fearful-fearful’, fearful throbbing
1314. 直視 *zhí shì*, lit. ‘looking straight’, forward-staring eyes
1315. 全蟲 *quán chóng*, lit. ‘whole bug’, whole scorpion
1316. 鼻淵 *bí yuān*, lit. ‘nose dee-spring’, deep-source nasal congestion
1317. 并病 *bìng bìng*, lit. ‘side-by-side disease’, dragover disease
1318. 甘瀾水 *gān lán shuǐ*, lit. ‘sweet swash water’, sweet worked water
1319. 鼻孔扇張 *bí kǒng shān zhāng*, lit. ‘nose hole fan stretch’, flaring nostrils
1320. 鼻煽 *bí shàn*, lit. ‘nose fans’, flaring nostrils
1321. 目無光彩 *mù wú guāng cǎi*, lit. ‘eyes have no light or colour’, dull eyes
1322. 牙齒鬆動 *yá chǐ sōng dòng*, lit. ‘teeth loose move’, loosening of the teeth
1323. 面色無華 *miàn sè wú huá*, lit. ‘facial complexion without bloom/splendor’, lustreless facial complexion
1324. 逆流挽舟 *nì liú wǎn zhōu*, lit. ‘saving the boat against the current’, hauling the boat upstream
1325. 增水行舟 *zēng shuǐ xíng zhōu*, lit. ‘increase water to move the ship’, increase water to move the [grounded] ship
1326. 舌起芒刺 *shé qǐ máng cì*, lit. ‘tongue raises awn prickles’, prickly tongue
1327. 口角不閉 *kǒu jiǎo bù bì*, lit. ‘mouth corners not closing’, gaping corners of the mouth
1328. 經外奇穴 *jīng wài qí xué*, lit. ‘nonchannel strange hole’, nonchannel point
1329. 筋惕肉瞤 *jīn tì ròu rùn*, jerking sinews and twitching flesh
1330. 裡急后重 *lǐ jí hòu zhòng*, abdominal urgency and rectal heaviness
1331. 尿有余瀝 *niào yǒu yú lì*, dribble after voiding
1332. 大便不爽 *dà biàn bù shuǎng*, ungratifying defecation
1333. 納穀不香 *nà gǔ bù xiāng*, lit. ‘take food not fragrant’, no pleasure in eating

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1335. 泛惡 *fàn ě*, upflow nausea

1336. 兔缺 *tù quē*, hare cleft

Occasionally, when no correspondence exists in the target language, an equivalent has to be devised on the basis of definition alone. The term 脅 *xié* denotes the lateral area of the ribcage. Since English has no word for this region (the word *side* means the whole side of the torso), the compound term ‘rib-side’ was coined in the proposed terminology.

Although many Chinese terms have anisomorphic LGP equivalents, the number of LSP-bound terms that cannot be semantically translated are relatively few. In the proposed source-oriented terminology, the exceptions are few. The Chinese 穴 *xué* has been chosen purely out of deference to an existing convention. This is somewhat lamentable since a semantic translation such as ‘hole’, ‘cavity’, or ‘foramen’ would be much more informative about the nature of the 穴 *xué*. Any semantic translation of 證 *zhèng*, such as ‘evidence’ or ‘testimony’, would possibly confuse Western readers, so I have rejected these in favour of the best English term among those currently in use (*sign* and *pattern*). The Chinese 行 *xíng*, meaning to ‘go’ or ‘act’ is translated as *phase* in the context of the fivefold system of correspondence. Scholars now generally agree that the 五行 *wǔ xíng* are not to be compared with the *elements* of Greek thought, because they represent functional rather than material characteristics. Another term proposed is *agent* (Harper 1998: 9–11). The Chinese 瘀 *yū*, which appears to have derived from its homophone 淤, meaning ‘silt(ing)’, is rendered in the proposed terminology by the more generic *stasis*. 飲 *yǐn*, representing a form of pathological fluid, is rendered as *rheum*, rather than by the literal *drink*. 臟 *zàng* and 腑 *fǔ* are rendered as *viscera* and *bowels*, respectively, but *storehouse* and *mansion* have been proposed as options (that appear to be particularly desirable for older texts in which the characters appear in their pristine form, 藏府 *zàng fǔ*, without the flesh signfic). Following Porkert and Unschuld, 營 *yíng* has been rendered as *construction*, which is not close to the original meaning of *military camp*; the other popular translation is ‘nourishment’, anachronistically based on the modern compound 營養 *yíng yǎng*, corresponding to *nutrition* in Western medicine (the use of 營 in this context means to supply). Finally, in the proposed terminology, *earth* has been adopted as the equivalent for 土 *tǔ*; perhaps it would be wiser to use *soil* (as for example Unschuld does) in order to prevent conflation with 地 *dì*, Earth (by contrast to Heaven).

7.3.7 MINIMISING POLYEQUIVALENCE

The last of the three translation principles is that equivalents of one SL word should be kept to a minimum. In all languages, words are used in different senses, which often

have to be translated with different target-language words. This is known as *polyequivalence*. A simple example of this is the Chinese word 日 *rì*, which is used in its original sense of ‘sun’ and in the extended sense of ‘day’ (a period of time characterised by one appearance of the sun). These distinct meanings of the Chinese word have to be rendered with different words in English.

In the terminology of Chinese medicine, the word 急 *jí*, for example, is used in several different senses: ‘tense’ (of the sinews), ‘urgent’ (of the desire to urinate), ‘acute’ (of illnesses), ‘rapid’ (of breathing). Again, 滑 *huá* is used in the senses of ‘slippery’ (of the pulse), ‘glossy’ (of the tongue), ‘to slip’ (out of the body uncontrollably). 正 *zhèng* is used in the senses of ‘regular’ (of channels), ‘medial’ (of headache), ‘right’ (of qì). In each of these cases, different words have to be used in translation (as different words have to be used to explain the different senses of the Chinese).

Nevertheless, the number of equivalents must be kept to a minimum for the convenience of the translator. An English terminology that is pegged closely to the Chinese must be convenient for the translator to use. A terminology that translators can be expected to abide by must be one they can use with minimal lookups in a glossary. A vast terminology of, say, 30,000 terms is not easily memorised. If each of the basic 1,500 characters of which Chinese medical terminology is comprised (see Chapter 8, Success of Source-Oriented Translation in the Proposed Terminology) has a minimum number of English equivalents, the English terminology can be assimilated into memory with minimum lookups in a glossary. The proposed terminology takes this into account, and it is one of the parameters that is studied in the next chapter.

In section 7.2.2 (Unit of Translation) in the present chapter, I provided examples of how diagnostic and therapeutic-action terms could be varied in English in the way they were in Chinese. This is an area of potential disagreement in translation theory, because it might be argued some of the examples at least could be considered as synonymous and that the synonymy could be eliminated in English for the benefit of the English reader. Indeed, the proposed terminology conflates terms wherever imitation of the distinctions in Chinese terms is difficult in English and no loss is incurred by doing so. In devising the proposed terminology, compromises have been made between making things easy for the reader and making things easy for the translator, while at the same time trying to preserve philological accuracy.

CHAPTER 8

THE SUCCESS OF SOURCE-ORIENTED TRANSLATION IN THE PROPOSED TERMINOLOGY

This chapter attempts to show the degree to which a source-oriented approach can be achieved in translation. To do so, I subject my own proposed source-oriented terminology to analysis. The first section investigates the question from the point of view of full terms including compounds, while the second analyses it from the point of view of the individual component characters of terms.

8.1 DEGREE OF SOURCE-ORIENTED TRANSLATION IN FULL TERMS

8.1.1 AIMS AND METHODS

English equivalents of Chinese medical terms chosen in accordance with the term translation methodology set forth in Chapter 7 (Proposed Methodology of Term Translation) are analysed to determine the extent to which they are source-oriented, that is, the extent to which terms are borrowed from or modelled on the terms of the source language.

The procedure is almost identical to that of the analysis of Chinese equivalents of Western medical terms presented in 3.2 (Chinese Translation of Western Medical Terms). The terms are placed in one of four categories, LGP equivalents, loans, loan-translations, and source-independent formations. LGP equivalents and loan-translations can be considered semantic translations. LGP equivalents, loan-translations, and loans are source-oriented translation. (LGP equivalents show the least sign of source-orientation.) Source-independent formations constitute the source-deviant category. Terms were also divided into simple terms and compounds. The only one combining form different from a simple

The analysis covers 831 terms drawn from a textbook designed to teach the proposed English terminology of Chinese medicine to Chinese-speaking students of Chinese medicine in Tái wān (Wiseman & Féng 1998b). The terms denote anatomical, physiological, pathological, and therapeutic concepts spanning all the major aspects of the subject; hence the term selection can be considered sufficiently representative.

The Chinese terms were divided into simple terms and complex terms. The study on the Chinese translation of Western medical terms (3.2) included combining forms, but no combining forms are used in the proposed English terminology of Chinese medicine.

Chinese equivalents are each assigned to one of four categories of term-formation in relation to the SL terms: LGP or Chinese medical equivalents (*head* for 頭 *tóu*); loans (e.g., *qì* for 氣 *qì*); loan-translations (e.g., *clear the heart and open the orifices* for 清心開竅 *qīng xīn kāi qiào*); source-independent formations (e.g., *laryngeal prominence* 結喉 *jié hóu*).

The terms analyzed are contained in Appendix III. They are arranged in thematic order, each followed by the proposed English equivalent. Each entry is headed by a ringed letter indicating the category to which the term is ascribed.

- | | |
|----------------------|---------------------------------|
| ⓖ LGP/WM equivalents | Ⓛt Loan-translations |
| ① Loans | ① Source-independent formations |

Elements added in loan-translations are marked by double underlining (e.g., 怔忡 *zhēng chōng*, fearful throbbing). Independent formations and nonsemantically translated elements of loan translations are marked by single underlining (e.g., neutral cause). An asterisk following an English term indicates that the English term is the equivalent of two or more (e.g., Ⓛt tongue body* Ⓛt 舌質, Ⓛt 舌體).

8.1.2 RESULTS

Simple Chinese Terms	109	
English equivalents	105	(03.67% decrease)
LGP/WM terms ⓖ	89	(84.76%)
Loans ①	4	(3.81%)
Loan-translations Ⓛt	4	(3.81%)
Source-independent formations ①	8	(7.62%)

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Unclassified terms ②	0	(0%)
Complex Chinese Terms	726	
English equivalents	735	(1.24% increase)
LGP/WM equivalents ③	69	(9.39%)
Loans ①	1	(0.14%)
Loan-translations ④	655	(89.11%)
Source-independent formations ⑤	10	(1.36%)
Unclassified equivalents ②	0	(0%)
Combined Total of Chinese Terms	835	
Combined total of English equivalents	840	(0.6% increase)
Polyequivalence	41	(4.91%)
Deleted synonymy	16	(1.92%)
LGP/WM equivalents ③	158	(18.81%)
Loans ①	5	(0.6%)
Loan-translations ④	659	(78.45%)
Added elements in loan-translations	40	
Deleted elements in loan-translations	20	
Changed elements in loan-translations	113	
Total	173	(26.25%)
Source-independent formations ⑤	18	(2.14%)
Unclassified equivalents ②	0	(0%)

8.1.3 DISCUSSION

Just nearly 5% of Chinese terms have more than more English equivalent. The additional equivalents are occasionally due to polysemy of the English term, e.g., *sign* and *pattern* for two distinct meanings of the Chinese term. In most cases, however, the additional equivalents reflect indecision about which is the best term. Note that this follows the same pattern as in the Chinese translation of Western medical terms (3.2).

In a few cases (1.9%), synonymy in the Chinese is eliminated in English. From experience, I would say that a larger selection would reveal greater elimination of synonymy.

8.1.3.1 Relative Frequency of the Use of Methods

Although classifying TL term-formation methods in relation to the SL terms poses certain problems (discussed below), clear patterns in the choice of term-formation method can be discerned.

Among single terms, LGP/WM equivalents account for nearly 85%, source-independent formations for half of the rest, and loans and loan-translations for the other half. Among complex terms, the percentage of loan-translations accounts for nearly 90%, LGP/WM and independent formations accounting for most of the rest.

Amongst loan-translations, deviation from exact word/morpheme-for-word/morpheme duplication, as measured by added, deleted, and changed elements in the TL equivalents, is about one deviation in ten terms. The extent to which this kind of deviation affects the source/target-oriented status of translation is difficult to evaluate as will become apparent from the discussion below.

When the two groups (simple terms and complex terms) are added together, we find that loan-translation accounts for nearly 80%, LGP/WM for less than 20%, and independent formations for most of the rest. LGP terms in the SL are represented by LGP/WM terms. LSP-bound terms in the SL are overwhelmingly rendered by loan-translation rather than loan. Overall, therefore, taking LGP/WM equivalents, loans, and loan-translations to be source-oriented, the English translation of Chinese medical terms are nearly 98% source-oriented.

8.1.3.2 LGP/WM equivalents

LGP equivalents account for a large percentage of terminology, reflecting the im-

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portance of LGP terms in Chinese, and also reflecting the consistent effort to ensure LGP equivalents in the TL for LGP terms in the SL.

Although, as previously stated, Western medical LSP-bound terms could not be separated from LGP terms, they have been deliberately kept to a minimum. As I showed in 3.1 (German and English Translation of Latin Medical Terms), the principle of excluding LSP-bound terms from a target-culture domain of knowledge that gives rise to a conceptual clash is largely applied in the translation of Western medical terminology into Chinese; as I have argued in the previous chapter, it must be applied more rigorously in Chinese medicine, given the dominance of Western medicine. Examples of Western medical terms appearing in the proposed terminology are given below.

- | | |
|---|--------------------------------|
| ⑧ nasal mucus, 涕 <i>tì</i> | ⑧ dysentery, 痢疾 <i>lì jí</i> |
| ⑧ pharynx, 咽 <i>yān</i> | ⑧ erysipelas, 丹毒 <i>dān dú</i> |
| ⑧ epiglottis, 會厭 <i>huì yàn</i> | ⑧ tetany, 痙病 <i>jìng bìng</i> |
| ⑧ hemiplegia, 半身不遂 <i>bàn shēn bù suì</i> | ⑧ interstice, 腠理 <i>còu lǐ</i> |
| ⑧ tenesmus, 裡急后重 <i>lǐ jí hòu zhòng</i> | |

Note that the last two terms in the preceding list are Western medical terms that have been used with different definitions. These can be regarded as *specialisations*.

8.1.3.3 Loans

Although borrowing is a form of source-oriented translation, it has been kept to a minimum in the proposed term list for reasons explained in 7.1 (Loans [Pīnyīn Transcription] Versus Loan-Translations).

The only loans included in the list are *yīn*, *yáng*, *qì*, *gāo-huāng*, and *gān*. The first three of these are among the most commonly occurring words in Chinese medicine, and hence they constantly reappear in compounds. *Yīn*, *yáng* and *qì* are old loans in the English language (the last recently having had its spelling renewed). As I showed in 6.2 (Approaches to Chinese Medical Term Translation), transcriptions are the most common renderings for these terms. The literal meaning of 膏肓 *gāo huāng* and its referent are unclear. The literal meaning of 疳 *gān* is also unclear (the composition is the sickness signifier with 甘 *gān* meaning sweet), and the term has two distinct referents: malnutrition and pitting erosion of the skin.

8.1.3.4 Loan-Translations

Loan-translation, that is, semantic translation of an LSP-specific term, is by far the most common form of translation used in proposed terminology. It is used in nearly 80% of terms.

Loan-translations are mostly complex terms, but also include terms composed of a single word or morpheme. In establishing whether a given TL term is a loan-translation, only content words/morphemes need be taken into account; prepositions, conjunctions, and articles that are added or deleted in translation are ignored since grammar imposes certain requirements on expression that often have nothing to do with word choice. A certain leeway is allowed in deviation from word/morpheme-for-word/morpheme translation, loan-translations may include loans and elements of terms are often added, deleted or changed in the translation process. Note that exactly the same phenomenon was observed in the translation of Western medical terminology from Latin into German and from English into Chinese.

Transcribed elements: The loans *yīn*, *yáng*, and *qì* appear in many loan-translations.

1337. 腎陰虛 *shèn yīn xū*, kidney *yīn* vacuity

1338. 中氣下陷 *zhōng qì xià xiàn*, centre *qì* fall

1339. 陽脫 *yáng tuō*, *yáng* desertion

Added elements: The following are examples of where elements can be usefully added to complete the sense in English.

1340. 過食生冷 *guò shí shēng lěng*, excessive consumption of raw and cold foods

1341. 口酸 *kǒu suān*, sour taste in the mouth

1342. 胃之大絡 *wèi zhī dà luò*, great network vessel of the stomach

1343. 怔忡 *zhēng chōng*, fearful throbbing

1344. 鼻淵 *bí yuān*, deep-source nasal congestion

1345. 肩息 *jiān xī*, raised-shoulder breathing

Deleted elements: As described in 5.1 (Features of the Chinese Language), Chinese has many compounds containing elements redundant in the written language that appear to result from phonological attrition. Nevertheless, whether translating 口唇 *kǒu chún* simply as *lips*, rather than *lips of the mouth*, should be considered deletion is a moot point. It could be equally argued that 唇 *chún* and 口唇 *kǒu chún* are both LGP

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More substantial deletions do occur, though not too commonly.

1346. 舌起芒刺 *shé qǐ máng cì*, prickly tongue [芒 *máng* = awn]

1347. 脾開竅於口 *pí kāi qiào yú kǒu*, spleen opens at the mouth [lit. ‘spleen opens orifice at the mouth’]

1348. 向裡蹣臥 *xiàng lǐ quán wò*, lying in curled-up posture [facing inward]

Changed elements: Some elements are different in meaning. In the examples below, the changed element appears with a single underscore, and a literal translation of the changed element is placed in brackets after the whole term. In most of the examples below, the changed element is a source-independent translation of the element. 房室 *fáng shì* as a euphemism for sexual activity might possibly be considered as an LGP equivalent.

1349. 房室不節 *fáng shì bù jié*, sexual intemperance [bedroom]

1350. 偏嗜油膩厚味 *piān shì yóu nì hòu wèi*, predilection for greasy and rich foods [flavours]

1351. 穴道 *xué dào*, acupuncture point [hole]

1352. 屬絡 *shǔ luò*, homing and netting [belonging]

1353. 解顱 *jiě lú*, ununited skull [cleft]

1354. 小便不利 *xiǎo biàn bù lì*, inhibited urination [not free]

1355. 利濕 *lì shī*, disinhibit dampness [free]

1356. 表證 *biǎo zhèng*, exterior pattern [evidence]

1357. 半表半裡證 *bàn biǎo bàn lǐ zhèng*, half-interior half-exterior pattern; ①mid-stage pattern

1358. 揚手擲足 *yáng shǒu zhí zú*, flailing of the arms and legs [dancing]

In addition to lexical changes, there are of course grammatical changes. Differences in grammatical structure between Chinese and English often require changes in word order in translation. At the phrase level, the most obvious examples are in the order of elements in possessive or subordinative relationships (Chinese Y (之) X → English X of Y).

1359. 脾主升清 *pí zhǔ shēng qīng*, spleen governs upbearing of the clear

1360. 胃之大絡 *wèi zhī dà luò*, great network vessel of the stomach

1361. 肺主通調水道 *fèi zhǔ tōng tiáo shuǐ dào*, lung governs regulation of the waterways

1362. 舌邊齒痕 *shé biān chǐ hén*, dental impressions on the margins of the tongue

1363. 撮空理線 *cuō kōng lǐ xiàn*, groping in the air and pulling [invisible] strings

1364. 口眼喎斜 *kǒu yǎn wāi xié*, deviated eyes and mouth

In this context, it should also be pointed out that a single Chinese medical term can perform different grammatical functions. This multifunctionality can easily be replicated

in English without varying the form. For example, 清熱瀉火 *qīng rè xiè huǒ* can be translated as *to clear heat and drain fire* or as *clearing heat and draining fire*. Disease signs are often expressed in Chinese in a way that allows them to be used predicatively or nominally. For example, 腹痛 *fù tòng* can function as *the abdomen is painful* or *abdominal pain*. In the proposed English terminology, names of signs of disease are listed in their nominal form.

8.1.3.5 Source-Independent Formations

The source-independent formations are as follow:

- | | |
|---|---|
| ① green-blue, 青 <i>qīng</i> | ① acupuncture point, 穴道 <i>xué dào</i> |
| ① laryngeal prominence, 結喉 <i>jié hóu</i> | ① forward-staring eyes, 直視 <i>zhí shì</i> |
| ① rib-side, 脅 <i>xié</i> | ① sign, 證候 <i>zhèng hòu</i> ; ① pattern |
| ① stomach duct, 脘 <i>wǎn</i> | Is證證證zhèngzheng=4signsign; ① pattern |
| ① stomach duct, 胃脘 <i>wèi wǎn</i> | |
| ① rheum, 飲 <i>yǐn</i> | ① welling-abscess, 癰 <i>yōng</i> |
| | ① flat-abscess, 疽 <i>jū</i> |

8.1.3.6 Categorisation Difficulties

LGP v. WM: As I have already said, it is not always possible to distinguish LGP equivalents from Western medical equivalents. It is difficult to determine whether ‘measles’, ‘cholera’, ‘malaria’, should be treated as LSP-bound terms or LGP terms. For this reason, the two were placed in the same category. Note that this problem is comparable to the difficulty in distinguishing LGP and CM equivalents in the translation of Western medical terms into Chinese.

LGP v. source-independent formation: It is difficult to determine whether to consider ‘clenched jaw’ as an LGP equivalent or as a source-independent formation. In English, *clench* means to close (jaws or fists) tightly; it does not specifically denote a pathological state. *Clenched jaw* is not a set term in English, so it cannot count as an LGP/WM equivalent, but *clench* and *jaw* often collocate.

Loan-translation v. other categories: Any complex term is classed as a loan-translation if its overall structure matches the SL term, even if individual elements are formed by other methods. For instance, 脾氣虛 *pí qì xū* translated as *spleen qi vacuity* is classed as a loan-translation even though the component *qì* is a borrowing. Loan-translations sometimes contain added, deleted, or changed elements: in *excessive con-*

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is added; in *prickly tongue* as the rendering of 舌起芒刺 *shé qǐ máng cì*, 芒 *máng*, awn, is deleted; in *abdominal urgency and rectal heaviness* as the rendering of 裡急后重 *lǐ jí hòu zhòng*, the words *abdominal* and *rectal* do not exactly render the Chinese (lit. ‘interior’ and ‘posterior’, respectively).

8.1.3.7 Comparison with Chinese Translation of Western Medical Terms

In the proposed English terminology of Chinese medicine, there are more equivalents than original terms, whereas in the Chinese terminology of Western medicine there are fewer equivalents English terms. The reduction in terms in Western medicine is due to high synonymy in the English in basic terms. (e.g., *kidney*, *ren-*, *neph-*). However, I would suggest that if a wider range of terms were chosen in Chinese medicine we would find a higher level of English terms serving as equivalents for multiple Chinese terms.

Nearly 19% of terms in the list are translated by LGP/WM equivalents. This is lower than the percentage of Western medical terms translated by LGP/CM equivalents in Appendix I (nearly 27%). The higher level of LGP/CM terms in Western medical terminology can be accounted for by the high incidence of exact synonyms observed in Western medicine (e.g., *kidney*, *ren*, *neph-*).

There are markedly fewer source-independent formations in the proposed terminology for Chinese medicine than in the Chinese terminology of Western medicine. This can be accounted for by the need for source-orientation in Chinese medicine on the one hand, and to the existence of fewer poorly motivated terms than in Western medicine. Medicine in the West has undergone much greater change since antiquity than Chinese medicine, and retains terms that are now poorly motivated.

In loan-translations, there is a much lower deviation from strict word/morpheme-for-word/morpheme replication. This can be largely explained by the fact that the components of Chinese medical terms are full words, whereas many components of Western medical terms are meaningless particles (*-ium*, *-itis*, etc.).

8.2 DEGREE OF SOURCE-ORIENTED TRANSLATION IN COMPONENT CHARACTERS

8.2.1 AIMS AND METHODS

The previous section showed to what extent the translation of full terms in the proposed translation scheme is source-oriented. This section complements it by showing the degree to which this orientation is reflected at the level of component characters of terms.

morphemes appearing in terminology have different meanings and have to be translated in different ways. Since an effective terminology is one that can be mastered by translators easily, the number of TL equivalents for each character has to be kept to a minimum. In secondary term formation, it is wise to be fully aware of this problem, and for this reason, it is of interest to determine the average ratio of TL term components to SL term components.

To this end I created a database of 4,124 Chinese medical terms taken from a smaller Chinese medical dictionary, *Zhōngyī Míngcí Shùyǔ Cídiǎn* (SYCD) (《中醫名詞術語詞典》 “Dictionary of Chinese Medical Terms”) published in 1975. I chose this list rather than the one used in Appendix III because it includes substantially more terms. The SYCD includes a total of 4,285 terms, but the section containing archaic characters difficult for modern readers was excluded.

In addition to the Chinese terms, their English equivalents in the proposed terminology were also included in the database. The database was then analysed in two stages by means of a custom-designed programme created by Guō Nián-Fēng (郭年峰). In the first stage, all the individual character types (see Glossary of Terms) occurring in the 4,124-term list were extracted from the database, and arranged in order of frequency (the first character is 氣 *qì*, which occurs 252 times; the second is 陰 *yīn* occurring 198 times, etc.). In the second stage, the database was searched for all of the terms in which each individual character type occurred, and these were then listed under the headword characters.

With the data arranged in this way, it was a relatively easy manual task in a third stage to determine the way or ways in which each character had been dealt with in the translation process. Thus, from the full-terms listed under the character 脈 *mài*, it was easily seen that this character had been translated with two distinct equivalents: *vessel* and *pulse* (as in 衝脈 *chōng mài*, thoroughfare vessel, and 七怪脈 *qī guài mài*, the seven strange pulses).

The English equivalents for each character were listed under the headword characters, and were each marked for ascription to one of four categories: loans, semantic equivalents, nonsemantic equivalents, and nontranslations. The semantic equivalents include LGP equivalents and semantically translated LSP equivalents. The nonsemantic equivalents are translations of LSP-bound terms whose literal meaning differs from the Chinese. Nontranslation means that the character appears in terms in whose English equivalents it has no corresponding word/morpheme. Nonlexical Chinese characters, that is, articles,

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pronouns, prepositions, conjunctions, etc., are included, but their English equivalents are not categorized or counted.

The arrangement of the characters in order of their frequency (as opposed to say stroke order or some other script-related order) serves two purposes: Firstly, it permits the most frequently used characters to be isolated and thereby to ensure that we have a more meaningful selection of characters. Secondly, it enables to determine the relative frequency of individual characters used in medical terminology and compare this with the frequency of the characters in the LGP.

The full list of characters with all the terms in which they occur is too large to present in full. A sample of the list is presented in Appendix IV, containing the 260 characters most frequently occurring in the 4,124-term list, and at least one term exemplifying the use of each equivalent of each character.

The data is presented as follows: Each entry character is written in bold, with its serial number in the character-list. Next to this is an indication of the frequency of the character in LGP (A, B, and C in descending order of frequency, N = not commonly used). The parenthesised AT value is the accumulated total of commonly used characters so far in the list.

In the second line, $\frac{\text{number}}{11,290} = x\%$ expresses the number of occurrences of the character in the term-list, and the percentage of the whole term-list that it accounts for (for example, 氣 *qi* occurs 252 times, accounting for 2.232% of the 11,290). The parenthesized value AT is the accumulated total percentage.

The third line presents the various translation equivalents of the character, followed by indication of semantic and nonsemantic translation. Italic type marks loans (e.g., *yīn*); SMALL CAPITALS mark semantic translations e.g., WIND, LIVER; typewriter type nonsemantic equivalents (e.g., pattern). Nontranslations are represented by an empty box ☐. The number of different equivalents is given in box at the end of the line (e.g., ☐4). As will be explained in greater detail below different grammatical forms of words (e.g., *vacuity*, *vacuous*) are considered as a single equivalent.

The remaining lines of each character entry are example terms. At least one example is given for each English equivalent.

8.2.2 RESULTS

Types of English Equivalents

Number of Characters listed:	260
Lexical English equivalents:	590
Ratio of Chinese characters to English words/morphemes:	1 : 2.27

Lexical equivalents

Loans (Pīnyīn):	9	(1.53%)
Semantically translated equivalents (LGP/WM equivalents or loan-translations): ...	466	(78.98%)
Nonsemantic equivalents:	21	(8.07%)
Nontranslations:	85	(14.41%)
Nonlexical characters:	8	
Characters with 1 English equivalent:	97	(37.31%)
Characters with 2 English equivalents:	58	(22.31%)
Characters with 3 English equivalents:	49	(18.85%)
Characters with 4 English equivalents:	30	(11.54%)
Characters with 5 English equivalents:	12	(4.62%)
Characters with 6 English equivalents:	3	(1.15%)
Characters with 7 English equivalents:	2	(0.76%)
Characters with nonlexical English equivalents:	8	3.08%

Frequency Chinese Characters

Frequency of characters in Chinese medical terminology

Sets of most frequently used characters as a percentage of the total number of tokens 11,290 contained in the 4,124 list:

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Characters 1–100 account for 48.175% of 11,290 tokens.

Characters 1–150 account for 57.555% of 11,290 tokens.

Characters 1–200 account for 64.216% of 11,290 tokens.

Characters 1–250 account for 69.353% of 11,290 tokens.

Frequency of characters in the LGP

Characters appearing among Lǐ & Zhào's

1,074 most commonly used characters: 159 (61.15%)

Characters appearing among Lǐ & Zhào's

1,588 most commonly used characters: 187 (71.92%)

Characters appearing among Lǐ & Zhào's

2,735 most commonly used characters: 226 (86.92%)

8.2.3 DISCUSSION

8.2.3.1 Distribution of Translation Methods

What constitutes a separate English equivalent of Chinese character is not easily defined with precision insofar as English words vary in their form. For the present purposes, words of the same root are considered identical, so that, for example, *vacuous* is not treated as a separate translation from *vacuity*. *Three*, *third*, and *triple* are treated as separate words (although the first two could be considered as mere variants). Similarly, *mouth* and *oral* are considered as distinct translations, even though referentially they are identical.

Of the English equivalents of the 260 single headword characters listed in Appendix IV, an overwhelming majority (76.92%) are semantic equivalents. Just over 15% are nontranslations, i.e., the character is not translated by a corresponding word in English. Only 8.07% are nonsemantic equivalents; as few as 1.3% are loans. As source-oriented equivalents include semantic equivalents and loans, the level of source-oriented translation is over 80%. This figure is somewhat different than for full terms (Appendix III), and the reason lies in the nontranslation brought into focus at the single-character level.

These findings show that a high degree of source-oriented word/morpheme-for-word/morpheme translation at character level has been achieved. They reflect the fact that many basic concepts are represented by a single character and the generally monosyllabic nature of the largely classical terminology of Chinese medicine.

The ratio of Chinese characters to English words/morphemes is 1 : 2.138. Each character thus has on average of over two distinct English renderings. This is due to anisomorphism between Chinese and English on the one hand and to polysemy in Chinese on the other (see 7.2, Principles).

Polysemy in Chinese is typified by 色 (character 129) *sè*, which corresponds not only *colour*, but also to *complexion*. In Chinese, ‘complexion’ is an extended meaning of the character, sometimes represented by 色澤 *sè zé*, meaning ‘colour [and] moistness/sheen’. 黃 (character 138) *huáng* corresponds to *yellow* (see 7.3.6.1, Absence of LGP Equivalents, for a discussion of the problems of translating this word), but it is also used in the specialised sense of *jaundice*.

Below is a sample of characters with multiple equivalents (numbers refer to serial numbers of entries in Appendix IV):

- | | |
|--|---|
| (9) 下 <i>xià</i> low, down, inferior, descend, precipitate | (140) 產 <i>chǎn</i> birth, partum, delivery, presentation |
| (13) 經 <i>jīng</i> channel, classic, menstruation | (147) 關 <i>guān</i> pass, gate, bar, block, joint |
| (30) 上 <i>shàng</i> up, superior, ascend, rise | (156) 伏 <i>fú</i> deep-lying, hidden, crouch, latent |
| (57) 瀉 <i>xiè</i> drain, diarrhoea | (165) 利 <i>lì</i> uninhibited, disinhibit, diarrhoea |
| (49) 泄 <i>xiè</i> discharge, diarrhoea | (167) 正 <i>zhèng</i> right, straight, medial, just, regular, full |
| (69) 生 <i>shēng</i> engender, arise, be born, vital, reproduce | (176) 明 <i>míng</i> bright, light |
| (29) 大 <i>dà</i> large, great, major, adult | (177) 吐 <i>tù</i> vomit, eject, exhale, protrude |
| (83) 后 <i>hòu</i> after, later, post, delayed, then | (191) 急 <i>jí</i> rapid, urgent, tense, acute, emergency |
| (88) 口 <i>kǒu</i> mouth, opening | (195) 平 <i>píng</i> calm, normal |
| (94) 子 <i>zǐ</i> infant, child, pregnancy | (201) 偏 <i>piān</i> hemilateral, half-body, off-center |
| (96) 通 <i>tōng</i> free, flow to | (205) 味 <i>wèi</i> flavour, smell |
| (97) 脫 <i>tuō</i> shed, desert, prolapse, dislocation | (208) 人 <i>rén</i> person, human, man |
| (98) 食 <i>shí</i> eat, food, diet, suckling, consume, meal | (215) 疏 <i>shū</i> course, loose, relaxed |
| (70) 逆 <i>nì</i> counterflow, (up)stream, unfavourable, adverse, error | (221) 先 <i>xiān</i> first, advanced, early |
| (129) 色 <i>sè</i> colour, complexion | (241) 包 <i>bāo</i> envelop, wrap, peri- |
| | (242) 出 <i>chū</i> issue, exit |

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The classification of character equivalents as semantic or nonsemantic is sometimes problematic. The translations of the Chinese 陰 *yīn* in Appendix IV include not only the loan *yīn* but also the words *genital*, *pudenda*, and *vagina*, which are marked as semantic equivalents. It might be objected that 陰 *yīn* does not have these specific meanings except in combinations with other characters, and that *flatus vaginalis* (or *vaginal flatulence*, 陰吹 *yīn chuī*), for example, may justifiably be called a semantic translation on the grounds that only the full term is equivalent, not the parts.

The nontranslation classification can also be problematic. The Chinese 十 *shí*, ten, is given a nontranslation classification on account of the fact that the word *ten* does not appear in the word *twelve*, the equivalent of the Chinese 十二 *shí èr*. By logical implication, however, 十 *shí* in this compound is reflected conceptually as ‘ten’ in the English.

The ratio of 2.138 English types to 1 Chinese type belies a very uneven distribution. Over 37% of terms have only one equivalent, a slightly higher percentage than those with three or more equivalents. The terms that have only one equivalent represent full concepts that can stand independently (wind, fire, liver). The characters with multiple renderings by and large do not represent concepts in themselves, as is immediately apparent from the list above.

If all of the 1,515 component characters of the 4,124 terms had been analyzed, the figures would no doubt change. Predictably, the proportion of loans would be lower. Yet whether the number of English equivalents for each character would change is not clear. Although the larger analysis would almost certainly include many characters that are not commonly used core words and that therefore tend to be translated in different ways according to context, there are nevertheless about five hundred characters that only appear once in the 4,124-term list, and hence only have at most one equivalent.

8.2.3.2 Comparison of Character Frequency in LSP and LGP

8.2.3.2.1 Frequency of characters in medical terminology

The 260 most commonly used types chosen for analysis account for 70% of the terminology. The 100 characters most commonly used account for 48%. We have nothing to compare this with (a similar frequency analysis of word/morpheme components in Western medicine would be a major task since it cannot be automated to the same degree). The result nevertheless suggests that the terminology of Chinese medicine is largely composed of a small number of characters.

yáng (their Chinese nature is highlighted by the fact that these terms are almost universally rendered in transcription as they are here). In second place are environmental qualities (heat, cold, wind, dampness, dryness), and bodily substances (blood, phlegm), and body parts (vessels, heart, liver, lung, kidney, tongue).

8.2.3.2.2 Frequency of characters in the LGP

Since the present analysis involves calculating the relative frequency of characters occurring in Chinese medical terminology, it seems worthwhile to compare this with their frequency in the LGP. This can only be done very roughly. The few lists of commonly used characters exist (McNaughton 1979; Liú 1990; Lǐ & Zhào 1998). McNaughton's list of over 2,000 characters, for example, does not include the word 咳 *ké*, cough, which probably every toddler knows through personal experience. For the present analysis, I chose Lǐ & Zhào's study on the frequency of characters found in elementary school textbooks in Táiwān, which divides characters into four levels of descending frequency A–D. In the present analysis, each character is marked A, B, or C according to Lǐ & Zhào's rating, and N if it does not appear in these three. (Group D is ignored because it is too large.) Group A includes the 1,074 characters most commonly occurring in elementary school textbooks; group B includes the next 514 most commonly used characters, and group C the next 1,147. The three groups thus comprise the most commonly used 2,735 characters. It might be noted that dictionaries intended for elementary school children often contain as many as 5,000 characters (e.g., Huáng D-S & Kē X-T 1993).

Of the 260 characters listed in Appendix IV, only 34 (13.07%) are labelled as N, i.e., are not among the 2,735 characters most frequently appearing in elementary school textbooks. 226 (86.92%) belong to A, B, or C; 159 (61.15%) belong to category A, and 187 (71.92%) to category A or B.

We can conclude that Chinese medicine is largely composed of easy words. Many if not most elements of Chinese medical terminology are of considerable vintage, and the fact that many of them are still commonly used words in the LGP attests to the great stability of the Chinese language. In the past, the LGP frequency of may have differed from that of today. It is quite possible that some of the terms that modern readers find obscure would have been more common in the past.

I have measured each character's frequency of occurrence by its frequency of in the list as a whole (11,290 characters). Ideally, one would measure the frequency of occurrence over a variety of Chinese medical texts. This was not attempted because it would require a large amount of text to produce valid results and would require more sophisti-

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characters in text would widen frequency differences. For example, ‘yáng vacuity’ and ‘sudden reversal’ each occur once in the 4,124-character list, but the former is much more common in most texts, so this would raise the frequency of ‘yáng’ and ‘vacuity’ against ‘sudden’ and ‘reversal’. The 250 most commonly occurring characters account for 70% of all the 11,290 tokens. If one were to measure the frequency of characters occurring in text, we would probably find that they accounted for a good deal more than 50 per cent of the terminological elements over a broad variety of texts. If this is so, then it is easy to see how the impression could arise that Chinese medicine only has a handful of terms (see Chapter 6).

The present analysis has certain limitations. First and foremost, categorisation of characters is problematic. Secondly, no comparison of component-level features was made with Western medicine. This would be difficult because a component analysis of Western medical terms could not be automated to the same degree as that of Chinese medical terms.

Both the analyses performed in this chapter suggest a high level of source-orientation in the proposed terminology. This demonstrates only a theoretical feasibility. As I pointed out in the Introduction (Chapter 1), true feasibility can only be demonstrated by the proposed terminology being adopted.

CHAPTER 9

CONCLUSION

Source-orientation as an approach to translation, and in particular term translation, is recognised by translation theorists, philological translators, and by terminologists. It has been applied in practice in modern disciplines in which terms are unequivocally defined to a much greater extent than is theoretically required. The preference is explained in some cases by the systematic nature of the SL terminology and more generally by the practical advantage of look-alike SL and TL terms.

The source-oriented translation of Western medical terminology into Chinese is attributable not to hazard but to source-dependency for information. It reflects recognition of the need for a standardised Chinese terminology that is pegged to the SL, and the evident desire for SL terms to be visible in the TL terms. These requirements have their roots in extralinguistic factors: the desire to appropriate the whole of Western medical learning, the need for communication in the TL to be as unequivocal as in the SL, recognition of dependency on a foreign source of information, and acknowledgement of language as the key in the transmission process. The approach applied by Chinese translators in Western medical terminology is very similar to that applied in the German translation of Latin terminology of Western medicine. In both cases, LGP terms were rendered with LGP equivalents and LSP terms with loan-translations.

The westward transmission of Chinese medicine has been less successful. This has been due, on the one hand, to the dominance of Western medicine and, paradoxically on the other, to the complementary-medicine countercurrent, which has provided the principal motivation of the Western reception of Chinese medicine.

On both the Chinese and Western sides, discussion of how to translate Chinese terms has been complicated by the perceived need for Western medical understanding to

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different connotation or by encouraging the use of LSP-bound Western medical terms to represent traditional Chinese concepts. Western medicine has not exerted a single pull on the translation of Chinese medical terminology; it has expressed itself in different ways. The drive to encourage the Western acceptance of Chinese medicine by forcing a bridge between Western and Chinese medicine in the translation process and the Western projection onto Chinese medicine of expectations alien to the cultural environment in which Chinese medicine historically evolved have conjugated to preclude otherwise apparently perennial common-sense attitudes to the relatively simple task of acquiring a knowledge corpus from another culture.

In the West, the issues of standardisation, pegging, and transparency have attracted the concern of very few people, reflecting a failure to understand that Chinese medicine is a body of knowledge that exists fully only in Chinese and that access to that body of knowledge requires language learning and translation. The lack of linguistic access among Westerners, the belief that Chinese medicine only possesses a few medical terms, and continuing presence of writers not working from primary sources still hamper the general acceptance and development of a source-oriented language of Chinese medicine. The underlying cause is the lack of prestige accorded to the culture and language of China, and preoccupation with health-related and wider issues of indigenous origin. In a couple of isolated instances, we have seen TL term choices being swayed by the expectations of holism and naturalness projected onto Chinese medicine. In general, however, complementary health tenets tend to steer attention away from the minutiae of translation and toward adaptation.

In China, experience in the reception of Western scientific knowledge has made scholars much more aware of the need for terminological management. Indeed, virtually all of the Chinese-English dictionaries have been created by Chinese scholars. Nevertheless, the westward transmission of Chinese medicine in China is viewed in the same context as the transmission of Chinese medicine from the past into a present dominated by Western medicine, where for many the only hope of survival for Chinese medicine is seen to lie in its integration with modern medicine. Whatever other views about Chinese medicine exist in China, this is the one that dominates attitudes to translation.

The source-oriented methodology described in this study and the proposed terminology created through its application are intended to facilitate the faithful translation of any Chinese medical text from the *Nèijīng* onward and thereby provide access to the full body of Chinese medical knowledge in hopefully all of its historical dimensions. This, I contend, does not necessarily clash with any aims to insert Chinese medicine into any

modern framework either East or West; it merely ensures that the door to the past is kept open. It does, however, impose an added burden for Western readers not interested in the historical dimensions. Unwillingness to accept this, I would argue, is equivalent to Western medical students skipping anatomy on the grounds that most doctors only use a fraction of their anatomical knowledge in the speciality they eventually choose. Chinese medicine is a body of knowledge whose basic levels do not necessarily possess immediate relevance to clinical practice. But proper transmission of Chinese medicine cannot do without this any more than Western medicine. It is difficult to pinpoint the failings of attempted shortcuts in this respect.

In arguing in favour of source-oriented translation, I have found continual need to speak of the speculative nature of Chinese medical concepts. Chinese medicine is a complex construct. If it treats human suffering effectively, it is not necessarily because the theories on which the treatment is based are correct. We must accept the failings of Chinese, as indeed the Chinese now have to do. It is by accepting it that we avoid the temptation to paste over the differences between traditional Chinese knowledge and modern medical knowledge.

In the Chinese translation of Western medical terminology, source-dependency is practically desirable, but not theoretically necessary since all terms are unequivocally defined. The practical desirability has nevertheless prevailed. In Chinese medicine, source-orientation based on LGP equivalents and loan-translations is equally desirable for the practical purpose of developing an efficient transmission mechanism as in Western medicine; it is all the more necessary because of the speculative nature of Chinese medical concepts, poor definition, and the broader need, in a of discipline that looks back to antiquity as a golden age, to reflect adequately in the translation of terms the origins of Chinese medical thought. In the translation of Chinese medicine, it would enable a gradually growing body of translations of the many traditional and modern texts of Chinese medicine to form an integrated whole. Despite these added reasons, however, source-orientation transmission has not asserted itself as the dominant trend. Yet if there is to be any large-scale transmission of Chinese knowledge and experience—traditional as well as modern—a source-oriented approach to translation is necessary because it does not preclude points of similarity with Western medicine being provided alongside the traditional ideas; the representation of Chinese medical concepts with Western medical terms undermines the foreign reader's ability to grasp the traditional concepts to an extent that would be difficult to counter by additional commentary. In the translation of Chinese terminology, it would appear that any successes that Chinese efforts might achieve by promoting

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Western understanding of Chinese medical ideas by the substitution of Western medical concepts in translation will be achieved at the expense of foreclosing Western access to traditional Chinese medicine in the raw. A further reason arises through the dominant position of Western medicine in the modern world: it is wise to be aware of the erosive power of any modern medical or quasi-modern medical notions creeping into kernel concepts (氣 *qì*, 瀉 *xiè*).

A source-oriented approach to translation is not only highly desirable, but is also easily achieved. As I have shown in Chapter 8 (Success of Source-Oriented Translation in the Proposed Terminology), the proportion of Chinese medical terms translated into English by loan-translation is considerably higher than in the Chinese translation of Western medical terms. Deviations from semantic translation of LSP-terms can be explained in linguistic terms without recourse to any cultural equivalents (such as *energy* for 氣 *qì* or *sedate* for 瀉 *xiè*).

A major stay of my argument for source-oriented translation is the fact that this approach has been used in Western medicine. Further study of the source-dependent terminologies in a wider range of fields and languages would be necessary to confirm the suggested tendency. Other fields may show less borrowing in Chinese, and it would be worthwhile investigating variations in source/target orientation that are attributable to the nature of the subject matter and its expression in language.

The present study could be criticised for having labored certain observations accepted among linguists at the expense of developing further specific aspects of Chinese medical translation. In particular, the comparison of existing terminologies that I presented in 6.2 (Approaches to Chinese Medical Term Translation) could be done in greater detail, possibly revealing much more with regard to the relationship between a translator's views on Chinese medicine and its Western reception. Studies of this kind would stimulate critical appraisal of present approaches to translation, and would help to nurture a culture of adequate 'product description' of the COMP type.

I have shown, I believe conclusively, that a source-oriented approach to Chinese medical term translation is feasible and desirable. Nevertheless, as I pointed out in the Introduction (Chapter 1), the question of user acceptance, a necessary factor in the viability of a terminology, is a complex issue. It should now be apparent that source-oriented translation avoids simplification of the subject matter; in other words, it affects the nature of the product and its market. As the analysis of the motivation underlying the current terminological variation showed, the acceptability of any given terminology necessarily depends on extralinguistic factors that favour the term translation approach on which it

is based. No assessment of acceptability of terms among TL users is of any significance that does not take account of the user's expectations with regard to the role of Chinese medicine in the Western world. Any attempt at such an assessment would therefore be a highly complex task.

Looking at general trends, it would appear that not only do students and practitioners of Chinese medicine now have a greater knowledge of the subject than 20 years ago, but also more of them are taking on the task of learning Chinese and performing translation. The terminology proposed in this study has been adopted by two of the main U.S. publishers of Chinese literature. Translation that applies a terminology that has not been published in the form of a bilingual list cannot become a standard because it cannot be scrutinised or easily applied systematically by other translators, and any terminology geared to target-oriented transmission of Chinese medicine cannot easily be presented in a bilingual list without advertizing its own failings. Resistance to the call for source-oriented translation, indeed to any discussion of terminological issues, is strong because it intrinsically questions the validity of the present system by which Chinese medical knowledge is delivered to English-speaker students and practitioners and in which writers with no linguistic access to primary sources can achieve authoritative status. Nevertheless, the resistance is largely silent or expressed privately because the arguments against source-oriented translation are inherently too weak to be articulated publicly. As Chinese medicine moves into mainstream academia, and knowledge of Chinese assumes its place in post-graduate education, all of the issues surrounding the westward transmission of Chinese medicine will be harder to ignore than in the self-isolated world of complementary health.

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- lǐ jí hòu zhòng* 裡急后重, abdominal urgency and rectal heaviness, 167
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- bù lì* 不利, inhibited, 274
- bù mèi* 不寐, sleeplessness, 409

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è zǔ 惡阻, malign obstruction, 414
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fā rè 發熱, fever, 407
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fàn ǐ 泛惡, upflow nausea, 277, 409
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fèi yīn xū 肺陰虛, lung yīn vacuity, 411
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fù dà zhàng rú gǔ 腹大脹如鼓, abdomen as large as a drum, 142
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yìng 硬, hard, 254
yōng 癰, welling-abscess, 161, 286, 414
yōng shèng 壅盛, congest, 154
yōu 憂, anxiety, 230, 401
yǒu lì 有力, forceful, 410
yū 瘀, stasis, 161, 277
yū bān 瘀斑, stasis macules, 406
yū diǎn 瘀點, stasis speckles, 406
yū xuè 瘀血, static blood, 403
yú 魚, fish, 139
yǔ 語, speak, 128
yǔ 語, speech, 128
yù 玉, jade, 139
yù hǎi 玉海, sea of jade, 136, 144, 145
yù mén 玉門, jade gates, 136, 139, 145
yù yīn 育陰, foster yīn, 415
yù zhì 鬱滯, depressed, 154
yuán qì 原氣, source qì, 167, 402
yuán qì 元氣, original qì, 167, 402
yuán xiǎn 圓癬, coin lichen, 137
yuán xué 原穴, source point, 403
yuè jīng 月經, menstruation, 162, 257
yuè jīng bù lì 月經不利, inhibited menstruation, 410
yuè jīng guò duō 月經過多, profuse menstruation, 410
yuè jīng guò shǎo 月經過少, scant menstruation, 410
yuè jīng hòu qí 月經后期, delayed menstruation, 410
yuè jīng shī tiáo 月經失調, menstrual irregularities, 410
yuè jīng xiān qí 月經先期, advanced menstruation, 410
yùn 運, move, 254
yāo jǐ téng 腰脊疼, pain in the lumbar spine, 245
zá bìng 雜病, miscellaneous disease, 413
zàng 藏, storehouse, 140
zàng fǔ 臟腑, bowels and viscera, 277
zàng fǔ 藏府, storehouses and mansions, 269
zàng fǔ zhī qì 臟腑之氣, bowel and visceral qì, 402

- zàng fù* 臟腑, bowels and viscera, 161
zǎo xiè 早洩, premature ejaculation, 410
zào 燥, dry, 254
zào 燥, dryness, 127, 252, 403
zào 躁, agitation, 405
zào shī 燥濕, dry dampness, 158, 415
zé 澤, marsh, 139
zēng 增, increase, 254
zēng hán 憎寒, abhorrence of cold, 407
zēng shuǐ xíng zhōu 增水行舟, increase water to move the [grounded] ship, 138, 142, 147, 276
zhā 鼾, drinker's nose, 128
zhà sāi 瘡腮, mumps, 264
zhān yán 譫言, delirious speech, 407
zhàn hàn 戰汗, shiver sweating, 269, 408
zhāo shí mù tǔ 朝食暮吐, vomiting in the evening of food eaten in the [previous] morning, 121
zhǎo, zhuǎ 爪, nail, 127
zhēn xīn tòng 真心痛, true heart pain, 411
zhēn yáng bù zú 真陽不足, insufficiency of true yáng, 412
zhēn yuán bù zú 真元不足, insufficiency of the true origin, 412
zhěn 疹, papule, 264
zhèn jīng ān shén 鎮驚安神, settle fright and quiet the spirit, 415
zhēng chōng 怔忡, fearful throbbing, 137, 276, 284, 409
zhēng jiǎ jī jù 癥瘕積聚, concretions, conglomerations, accumulations, and gatherings, 153, 413
zhèng 正, right (qì), 140
zhèng 證, pattern, 410
zhèng 證, sign, 410
zhèng hòu 證候, pattern, 410
zhèng hòu 證候, sign, 410
zhèng hòu 證候, sign, 286
zhèng jīng 正經, regular channels, 255
zhèng qì 正氣, right qì, 145, 146, 255, 260, 402
zhèng shēng 鄭聲, muttering, 158, 407
zhèng shēng 鄭聲, mussionation, 407
zhèng tóu tòng 正頭痛, medial headache, 255, 269, 408
zhèng tóu tòng 偏頭痛, hemilateral headache, 269
zhèng xié 正邪, right and evil, 136
zhèng yǔ 鄭語, muttering, 264
zhèng zhì 正治, straight treatment, 414
zhī 肢, limb, 127, 402
zhī juàn 肢倦, fatigued limbs, 157, 408
zhī lěng 肢冷, cold limbs, 410
zhī mǎn 支滿, propping fullness, 269
zhí shì 直視, forward-staring eyes, 158, 276, 286, 406
zhǐ 指, finger, 127, 252
zhǐ 趾, toe, 127
zhǐ dài 止帶, check vaginal discharge, 415
zhǐ tou 指頭, finger, 153
zhǐ xuè 止血, stanch bleeding, 415
zhì 痔, hemorrhoids, 264
zhì běn 治本, treat the root, 414
zhì biāo 治標, treat the tip, 414
zhōng hán 中寒, centre cold, 167
zhōng jiāo rú ǒu 中焦如漚, centre burner is like foam, 143, 259
zhōng qì xià xiàn 中氣下陷, centre qì fall, 257, 411
zhǒng 腫, swelling, 253
zhòng àn wú lì 重按無力, (of the pulse) forceless under heavy pressure, 121
zhòng fēng 中風, wind strike, 413
zhòng fēng 中風, wind stroke, 413
zhòng hán 中寒, cold strike, 167
zhòng tīng 重聽, hardness of hearing, 409
zhǒu 肘, elbow, 127, 402
zhú yū 逐瘀, expel stasis, 414
zhǔ 主, govern, 139
zhù 柱, pillar, 140
zhù 助, assist, 254
zhù yáng 助陽, assist yáng, 415
zhuǎn bāo 轉胞, shifted bladder, 414
zhuàng yáng 壯陽, invigorate yáng, 158
zhuó rè 灼熱, scorching heat, 410
zhuàng rè 壯熱, vigorous heat [effusion], 407
zhuàng rè 壯熱, vigorous fever, 407
zī shèn 滋腎, enrich the kidney, 255
zī yǎng 滋養, enrich, 154
zī yīn 滋陰, enrich yīn, 415
zǐ 子, child, 138
zǐ dào mǔ qì 子盜母氣, child stealing the mother's qì, 141
zǐ gōng 子宮, uterus, 256, 405
zǐ gōng xià chuí 子宮下垂, prolapse of the uterus, 410

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- zì hàn* 自汗, spontaneous sweating, 408
zōng qì 宗氣, ancestral qì, 136, 141, 402
zǒu guǎn 走罐, moving (or sliding) cup, 158
zǒu huáng 走黃, running yellow, 156
zú 足, foot, 127
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zú 足, foot, 402
zuò qiáng zhī guān 作強之官, office of labor,
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TRANSLATION OF CHINESE MEDICAL TERMS

English Index of Chinese Medical Terms

- (bed)room 房 *fáng*, 140
- (of the pulse) forceless under heavy pressure 重按無力 *zhòng àn wú lì*, 121
- [aversion to] cold more pronounced than heat [effusion] 多寒少熱 *duō hán shǎo rè*, 121
- [body] hair 毛 *máo*, 127
- [region] below the heart 心下 *xīn xià*, 227
- 17th spine bone 十七椎穴 *shí qī zhuī xué*, 156
- abdomen as a large as a drum 腹大脹如鼓 *fù dà zhàng rú gǔ*, 143
- abdomen as large as a drum 腹大脹如鼓 *fù dà zhàng rú gǔ*, 142
- abdomen 腹 *fù*, 127, 264, 402
- abdominal distention 腹脹 *fù zhàng*, 410
- abdominal fullness 腹滿 *fù mǎn*, 157, 409
- abdominal pain that likes warmth 腹痛喜溫 *fù tòng xǐ wēn*, 409
- abdominal pain that refuses pressure 腹痛拒按 *fù tòng jù àn*, 409
- abdominal pain 腹痛 *fù tòng*, 129, 409
- abdominal urgency and rectal heaviness 裡急后重 *lǐ jí hòu zhòng*, 167, 276
- abductive dispersion 消導 *xiāo dǎo*, 415
- abhorrence of cold 憎寒 *zēng hán*, 407
- abiding food 宿食 *sù shí*, 412
- absence of menses 不月 *bù yuè*, 163
- accumulation 積 *jī*, 130, 261
- aching lumbus and cold limbs 腰酸肢冷 *yāo suān zhī lěng*, 245
- aching lumbus and limp knees 腰痠膝軟 *yāo suān xī ruǎn*, 408
- aching lumbus and limp legs 腰痠腿軟 *yāo suān tuǐ ruǎn*, 245
- aching lumbus and limp legs 腰痠腿軟 *yāo suān tuǐ ruǎn*, 408
- aching lumbus 腰痠 *yāo suān*, 408
- aching pain of the lumbus and back 腰背酸楚 *yāo bèi suān chǔ*, 245
- acid upflow 泛酸 *fàn suān*, 255, 409
- acupuncture point 穴 *xué*, 277
- acid 辛 *xīn*, 129, 401
- acupuncture point 穴道 *xué dào*, 285, 286, 403
- advanced menstruation 月經先期 *yuè jīng xiān qī*, 410
- alarm point 募穴 *mù xué*, 403
- alternating [aversion to] cold and heat [effusion] 寒熱往來 *hán rè wǎng lái*, 407
- alternating [aversion to] cold and heat [effusion] 往來寒熱 *wǎng lái hán rè*, 256
- alternating fever and chills 寒熱往來 *hán rè wǎng lái*, 407
- amenorrhoea 閉經 *bì jīng*, 265
- ancestral qi 宗氣 *zōng qì*, 136, 141, 402
- anger 怒 *nù*, 230, 401
- ankle 踝 *huái*, 127, 252, 402
- anterior fontanel 囟門 *xìn mén*, 402
- anterior 前 *qián*, 254
- anus 肛門 *gāng mén*, 153, 257
- anus 肛 *gāng*, 127
- anxiety 憂 *yōu*, 230, 401
- arched-back rigidity 角弓反張 *jiǎo gōng fǎn zhāng*, 265, 405
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- ascend 上 *shàng*, 254
- ascendant hyperactivity of liver yáng 肝陽上亢 *gān yáng shàng kàng*, 411
- ascendant liver yáng 肝陽上亢 *gān yáng shàng kàng*, 411
- assist yáng 助陽 *zhù yáng*, 415
- assist 助 *zhù*, 254
- astringe the intestines and stem desertion 澀腸固脫 *sè cháng gù tuō*, 415
- attack phlegm 攻痰 *gōng tán*, 262, 414
- attack 攻 *gōng*, 140
- aversion to cold 惡寒 *wù hán*, 167
- aversion to cold 惡寒 *wù hán*, 407
- aversion to food 厭食 *yàn shí*, 409
- aversion to light 惡光羞明 *wù guāng xiū míng*, 409
- aversion to wind 惡風 *wù fēng*, 407
- baby moth 乳蛾 *rǔ é*, 269
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- back of the knee 膕 *guó*, 127
- back transport point 背俞 *bèi shū*, 269, 403
- back 背 *bèi*, 127, 402
- banking up earth to engender metal 培土生金 *pié tǔ shēng jīn*, 244
- bar 關 *guān*, 410

- bean curd tongue fur 苔腐 *tāi fǔ*, 143
 begrudging milk 妬乳 *dù rǔ*, 137
 belching of sour putrid qì (gas) 噯氣酸腐 *ài qì suān fǔ*, 407
 below the heart 心下 *xīn xià*, 402
 bend 屈 *qū*, 128
 binding depression of liver qì 肝氣鬱結 *gān qì yù jié*, 411
 birth gate 產門 *chǎn mén*, 136, 140, 146, 168
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 bitter 苦 *kǔ*, 129, 401
 black facial complexion 面色黑 *miàn sè hēi*, 406
 black fur 黑苔 *hēi tāi*, 406
 black stool 大便黑色 *dà biàn hēi sè*, 407
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 blood ejection 吐血 *tù xuè*, 409
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 blood heat 血熱 *xuè rè*, 411
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- thirst with no desire to drink 渴不欲飲 *kě bù yù yǐn*, 408
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- white fur 白苔 *bái tāi*, 406
- white tiger joint running 白虎歷節 *bái hǔ lì jié*, 137
- white vaginal discharge 白帶 *bái dài*, 156
- white 白 *bái*, 129, 272, 401
- whole of the human body 人之一身 *rén zhī yī shēn*, 159
- whole scorpion 全蟲 *quán chóng*, 276
- whooping cough 百日咳 *bǎi rì ké*, 413
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TRANSLATION OF CHINESE MEDICAL TERMS

APPENDIX I: THE DEGREE OF SOURCE-ORIENTATION OF THE CHINESE TERMINOLOGY OF WESTERN MEDICINE

This appendix is a list of English Western medical terms with their Chinese equivalents that provides the basis for the study contained in Chapter 3. Each entry is headed with a mark showing term formation category, as follows:

- | | |
|--|---|
| <p>ⓖ LGP/CM equivalents</p> <p>① Loans</p> <p>Ⓛt Loan-translations</p> <p>① Souce-independent formations</p> | <p><u>細胞</u>: Single underlining marks terms that are source-independent formations or changed elements in loan translations.</p> <p><u>黏膜</u>: Double underlining marks a word added in the translation process.</p> |
|--|---|

An asterisk following a Chinese term indicates that the Chinese term is the equivalent of two or more SL terms of which it is the loan-translation of one (e.g., ①t 眞皮* cutis vera, ①t dermis, ①t corium).

A dagger (†) following a Chinese term indicates that the Chinese term is a loan-translation that follows a model not represented in the English (usually German).

Structure of the Body	①t 神經組織 nervous tissue	①t 呼吸系統 respiratory system
① <u>細胞</u> cell, cellul-, ① cyte-	ⓖ 膜 membrane	
①t 組織 tissue	①t 黏膜 mucous membrane	①t 消化系統 digestive system
① <u>器官</u> organ	①t 黏膜 mucosa	①t 生殖與泌尿系統 genitourinary system
① <u>腺</u> gland	①t 漿膜 serous membrane	①t 內分泌系統 endocrine system
① <u>系統</u> system	① 滑液 synovia	
①t <u>細胞膜</u> cell membrane	①t 滑液膜 synovial membrane	
① 細胞器 organelle	①t <u>體被系統</u> integumentary system	①t 神經系統 nervous system
①t <u>細胞質</u> cytoplasm	①t 肌與骨骼系統 musculoskeletal system	ⓖ 孔 foramen ⓖ 管, ⓖ 導管 duct
①t 核 nucleus		ⓖ 小管 ductule
①t 核仁 nucleolus	①t 心臟血管系統 cardiovascular system	ⓖ 管 canal
①t 結締組織 connective tissue		ⓖ 囊 sac
①t <u>上皮組織</u> epithelial tissue		ⓖ 乳頭 papilla
①t 肌組織 muscle tissue		

TRANSLATION OF CHINESE MEDICAL TERMS

① 壺腹 ampulla ② 道, ② 口
meatus

Integumentary System

① 體被 integument

② 皮膚 skin, ② derm(at)-,
② cutis, cut(an)-

① 表皮 epidermis, ① cuticle

① 表皮粒層 stratum
granulosum epidermidis

① 表皮粒層 stratum
granulosum epidermidis

① 表皮角質層 stratum
corneum epidermidis

① 真皮* cutis vera, ① dermis
, ① corium

① 汗腺 sweat gland

① 皮脂腺 sebaceous gland

① 毛囊 hair follicle

① 色素 pigment

② 毛 hair

① 立毛肌 arrector pili muscle

① 皮下組織 subcutaneous
tissue

② 爪甲 nails

① 損害 lesion

② 感染 infection

① 發炎, ① 炎症 inflammation

① 炎性的 inflammatory

② 水疱 vesicle

② 水疱 blister

① 大水疱 bulla

② 糜爛 erosion

② 潰瘍 ulcer

① 裂傷 fissure

① 小節 nodule

① 丘疹 papule

② 癍痕 scar

② 癍痕 cicatrix

② 瘤 tumor

② 風塊 wheal

② 癢 itching, ② pruritus

② 膿 pus, pur-, ② py-

② 化膿 suppuration

① 壞死 necrosis

① 壞疽 gangrene

② 腫 (脹) swelling

② 濕疹 eczema

① 皮膚炎 dermatitis

② 痤瘡 acne

② 癰 furuncle, ② boil

① 疱疹 herpes

① 生殖器疱疹 herpes genitalis

① 單純疱疹 herpes simplex

① 帶狀疱疹 herpes zoster

② 疣 verruca

② 疣 wart, ② veruca

① 鬚癬 tinea barbae

① 足癬 tinea pedis

① 體癬, ① 圓癬 tinea corporis

① 頭癬 tinea capitis

① 爪甲癬 tinea unguium

① 股癬 tinea cruris

① 蝨病 pediculosis

① 頭蝨病 pediculosis capitis

① 體蝨病, ① 衣蝨病
pediculosis corporis

① 陰蝨病 pediculosis pubis

① 陰蝨病 phthiriasis

② 疥癬 scabies

① 癍瘤 keloid

② 燒傷 burn

② 裂傷 laceration

① 皮膚 dermatosis

② 牛皮癬 psoriasis

① 白斑病 vitiligo

① 甲溝炎 paronychia

① 蕁麻疹 urticaria

Musculoskeletal System

② 骨骼 skeleton

② 骨 bone, ② oss-, ② osteo-

① 軟骨 cartilage, cartilag(in)-,
① chondr-

② 肌 muscle, muscul-,
② my(os)-

① 韌帶 ligament

② 腱 tendon, ten(d(in)-,
② ten(on(t)-

① 筋膜 fascia

① 腱膜 aponeurosis

① 黏液囊 bursa

② 顱骨 cranium, crani-,
② skull

① 額骨 frontal bone

① 頂骨 parietal bone

① 鼻骨 nasal bone

① 淚骨 lacrimal bone

② 枕骨 occipital bone

① 顳骨 temporal bone

① 篩骨 ethmoid bone

① 蝶骨 sphenoid bone

① 犁骨 vomer

② 上頤骨 maxilla

② 下頤骨 mandible

① 甲骨 turbinate bones

② 顴骨 zygomatic bone

① 肩胛帶 shoulder girdle

② 肩胛 scapula

APPENDIX I: SOURCE-ORIENTATION IN CHINESE TERMINOLOGY OF WESTERN MEDICINE

② 胸骨 sternum	① 椎骨弓 vertebral arch	① 肌起 origin
② 肋骨 rib	① 板 lamina	① 肌止 insertion
② 肱骨 humerus	② 髖臼 acetabulum	① 顳肌 temporal muscle
② 橈骨 radius	② 踝 malleolus	① 額肌 frontal muscle
② 尺骨 ulna	① 鷹嘴骨 olecranon	① 眼輪匝肌 orbicular muscle of the eye
② 腕骨 carpal bones	① 肩峰 acromion	① 口輪匝肌 orbicular muscle of the mouth
② 掌骨 metacarpal bones	① 劍突 xiphoid process	① 胸鎖乳突肌 sternocleidomastoid muscle
② 指 / 趾骨 phalanges	② 孔 foramen ② 窩, ② 凹 fossa	① (頸) 闊肌 platysma muscle
② 髖骨 hipbone	② 溝 groove ② 棘, ② 刺 spine	① 三角肌 deltoid muscle
② 髖骨 os coxae	① 切跡 incisure	① 胸大肌 greater pectoral muscle
② 髌骨 ilium	② 竇 sinus	① 前鋸肌 anterior serratus muscle
① 坐骨† ischium (<i>Ger. Sitzbein</i>)	① 聯合 symphysis	① 肱二頭肌 biceps muscle of the arm
① 恥骨† pubic bone (<i>Ger. Schambein</i>)	② 隆凸 prominence	① 背闊肌 latissimus dorsi muscle
① 骨盆 pelvis	① 粗隆 tuberosity	① 肱肌 brachial muscle
② 股骨 femur	① 橫紋肌 striated muscle	① 肱橈肌 brachioradial muscle
② 髌骨 patella	① 平滑肌 smooth muscle	① 腹直肌 rectus abdominis muscle
② 脛骨 tibia	① 心肌 cardiac muscle	① 腹外斜肌 external oblique muscle of the abdomen
② 腓骨 fibula	① 內收肌 adductor	① 髂腰肌 iliopsoas muscle
② 跗骨 tarsal bones	① 外展肌 abductor	① 恥骨肌 pectineal muscle
② 蹠骨 metatarsal bones	① 伸肌 extensor	① 縫匠肌 sartorius muscle
② 趾骨 phalanges	① 屈肌 flexor	① 長收肌 long adductor muscle
① 脊柱 vertebral column	① 提肌 levator	① 大收肌 great adductor muscle
② 脊椎骨 vertebra, ② spondyl-	① 降肌 depressor	
① 頸椎骨 cervical vertebrae	① 開大肌 dilator	
① 胸椎骨 thoracic vertebrae	① 縮肌 constrictor	
① 腰椎骨 lumbar vertebrae	① 固定肌 fixator	
② 骯骨 sacrum	① 皺肌 corrugator	
② 尾骨 coccyx	① 立肌 arrector	
② 關節 joint, ② articul-, ② arthr-	① 旋後肌 supinator	
② 關節 articulation	① 旋前肌 pronator	
② 髓 marrow, ② medull-, ② myel-	① 張肌 tensor	
	① 旋轉肌 rotator	
	① 內翻肌 invertor	
	① 外翻肌 evertor	
	① 括約肌 sphincter	

TRANSLATION OF CHINESE MEDICAL TERMS

① 股直肌 rectus femoris muscle	① 大收肌 great adductor muscle	① 軟骨病 osteomalacia
① 股薄肌 gracilis muscle	① 股二頭肌 biceps muscle of the thigh	③ 佝僂病 rickets
① 股內肌 vastus medialis muscle	① 腓骨短肌 short peroneal muscle	① 成骨不全 osteogenesis imperfecta
① 脛骨前肌 anterior tibial muscle	① 趾長屈肌 long flexor muscle of the toes	① 裂脊柱 spina bifida
① 腓腸肌 gastrocnemius muscle	① 跟腱 calcaneal tendon (syn. Achilles tendon)	① 脊髓膜膨出 spinal meningocele
① 腓骨長肌 long peroneal muscle	③ 急性的 acute	① 脊柱裂 rachischisis
① 比目魚肌 soleus muscle	③ 慢性的 chronic	① 裂脊柱 schistorachis
① 趾長伸肌 long extensor muscle of the toes	① 進行性的 progressive	③ 骨折 fracture
① 枕肌 occipitalis muscle	① 畸形 deformity	① 脫位 dislocation
① 斜方肌 trapezius muscle	③ 先天性的 congenital	① 不全脫位 subluxation
① 岡下肌 infraspinatus muscle	① 官能障礙, ① 官能不良 dysfunction	① 肌營養不良 muscular dystrophy
① 大圓肌 teres major muscle	① 運動的 motor	Cardiovascular System
① 小圓肌 teres minor muscle	① 肌痛 myalgia	③ 心 heart, ③ cord-, ③ cardi-
① 肱三頭肌 triceps muscle of the arm	③ 痙攣 spasm	① 房 atrium
① 橈側腕長伸肌 long radial extensor muscle of the wrist	③ 麻痺 paralysis	① 室† ventricle (Ger. Herzkammer)
① 尺側腕伸肌 ulnar extensor muscle of the wrist	③ 輕癱, ③ 痺 paresis	① 瓣 (膜) valve
① 臀中肌 middle gluteal muscle	① 重症肌無力 myasthenia gravis	① 三尖瓣 tricuspid valve
① 臀大肌 greatest gluteal muscle	① 肌炎 myositis	① 僧帽瓣 mitral valve
① 半腱肌 semitendinous muscle	① 腱炎 tendinitis, ① tenonitis	① 二尖瓣 bicuspid valve
① 股外肌 vastus lateralis muscle	① 黏液囊炎 bursitis	① 主動脈瓣 aortic valve
① 半膜肌 semimembranous muscle	③ 扭傷 sprain	① 半月瓣 semilunar valve
	③ 風濕病 rheumatism	① 心肌 myocardium
	① 關節炎 arthritis	① 心內膜 endocardium
	③ 痛風 gout	③ 心包 pericardium
	③ 腰痛 low back pain	① 心外膜 epicardium
	① 關節強硬性脊椎炎 ankylosing spondylitis	① 血管 blood vessels, ③ vas(cul)-, ③ angi-
	① 骨質疏鬆症 osteoporosis	① 動脈† artery (Ger. Schlagader)
	③ 骨質增生症 osteoarthritis	③ 靜脈 vein, ③ phleb-
	③ 骨質增生症 osteoarthritis	① 主動脈† aorta (Ger. Aorta)

APPENDIX I: SOURCE-ORIENTATION IN CHINESE TERMINOLOGY OF WESTERN MEDICINE

① 腔靜脈 <u>vena cava</u>	① 脛骨後動脈 <u>posterior tibial artery</u>	① 髂總靜脈 <u>common iliac vein</u>
① 弓 <u>arch</u>		
① 頸內動脈 <u>internal carotid artery</u>	① 足後動脈 <u>posterior pedis artery</u>	① 髂外靜脈 <u>external iliac vein</u>
① 頸外動脈 <u>external carotid artery</u>	① 腓骨動脈 <u>peroneal artery</u>	① 掌側靜脈弓 <u>palmar arch</u>
① 頸總動脈 <u>common carotid artery</u>	① 上矢狀竇 <u>superior sagittal sinus</u>	① 掌側指靜脈 <u>palmar digital veins</u>
① 鎖骨下動脈 <u>subclavian artery</u>	① 下矢狀竇 <u>inferior sagittal sinus</u>	① 股靜脈 <u>femoral vein</u>
① 腋動脈 <u>axillary artery</u>	① 頸外靜脈 <u>external jugular vein</u>	① 外隱靜脈 <u>external (short) saphenous vein</u>
① 肱動脈 <u>brachial artery</u>	① 頸內靜脈 <u>internal jugular vein</u>	① 腘靜脈 <u>popliteal vein</u>
① 肝動脈 <u>hepatic artery</u>	① 頭臂靜脈 <u>brachiocephalic vein</u>	① 脛骨後靜脈 <u>posterior tibial vein</u>
① 上腸繫膜動脈 <u>superior mesenteric artery</u>	① 上腔靜脈 <u>superior vena cava</u>	① 脛骨前靜脈 <u>anterior tibial vein</u>
① 腹腔幹動脈 <u>celiac trunk</u>	① 鎖骨下靜脈 <u>subclavian vein</u>	① 足背靜脈弓 <u>dorsal venous arch of the foot</u>
① 脾動脈 <u>splenic artery</u>	① 頭靜脈 <u>cephalic vein</u>	① 淋巴液 <u>lymph, lymph-</u>
① 胃動脈 <u>gastric artery</u>	① 心大靜脈 <u>great cardiac vein</u>	① 淋巴細胞 <u>lymphocyte</u>
① 腎動脈 <u>renal artery</u>	① 腋靜脈 <u>axillary vein</u>	① 淋巴管 <u>lymph(atic) vessel</u>
① 睪丸／卵巢動脈 <u>testicular/ovarian (gonadal) artery</u>	① 肱靜脈 <u>brachial veins</u>	① 淋巴結 <u>lymph node</u>
① 腹主動脈 <u>abdominal aorta</u>	① 肝靜脈 <u>hepatic veins</u>	① 淋巴腺 <u>lymph gland</u>
① 下腸繫膜動脈 <u>inferior mesenteric artery</u>	① 門靜脈 <u>portal vein</u>	① 血 <u>blood</u> , ② sanguin-, ③ hem(at)-, em-
① 髂總動脈 <u>common iliac artery</u>	① 貴要靜脈 <u>basilic vein</u>	① 血漿 <u>plasma</u>
① 指動脈 <u>digital arteries</u>	① 脾靜脈 <u>splenic vein</u>	① 血清 <u>serum</u>
① 橈動脈 <u>radial artery</u>	① 貴要正中靜脈 <u>median basilic vein</u>	① 血小板 <u>platelet</u>
① 尺動脈 <u>ulnar artery</u>	① 頭正中靜脈 <u>median cephalic vein</u>	① 凝血細胞 <u>thrombocyte</u>
① 深掌弓 <u>deep palmar arch</u>	① 腸繫膜上靜脈 <u>superior mesenteric vein</u>	① 紅血球 <u>red blood corpuscle/cell</u>
① 淺掌弓 <u>superficial palmar arch</u>	① 腎靜脈 <u>renal veins</u>	① 紅血球 <u>erythrocyte</u>
① 股動脈 <u>femoral artery</u>	① 睪丸／卵巢靜脈 <u>testicular/ovarian vein</u>	① 白血球 <u>white blood corpuscle/cell</u>
① 腘動脈 <u>popliteal artery</u>	① 腸繫膜下靜脈 <u>inferior mesenteric vein</u>	① 白血球 <u>leukocyte</u>
① 脛骨前動脈 <u>anterior tibial artery</u>		① 心絞痛 <u>angina pectoris</u>
		① 心肌梗塞 <u>myocardial infarction</u>

- ① 心臟麻痺 heart attack
- ① 腦血管意外 cerebrovascular accident
- ② 中風 stroke
- ① 動脈硬化 arteriosclerosis
- ① 動脈粥樣硬化 atherosclerosis
- ① 貧血† anemia (*Ger.* Blutarmut)
- ① 動脈瘤 aneurysm
- ① 心雜音 heart murmur
- ① 血友病 hemophilia
- ① 心肌炎 myocarditis
- ① 風濕性心臟病 rheumatic heart disease
- ① 心內膜炎 endocarditis
- ① 心包炎 pericarditis
- ① 血栓 thrombosis
- ① 栓子 embolus
- ① 栓塞 embolism
- ① 纖維顫動 fibrillation
- ① 靜脈炎 phlebitis
- ① 短暫（腦）缺血發作 transient ischemic attack (TIA)
- ① 白血病 leukemia
- ① 高血壓 hypertension
- ① 低血壓 hypotension
- ① 心搏快速, ① 心搏過速 tachycardia
- ① 心電圖 electrocardiograph
- ① 心電圖 electrocardiogram (ECG, EKG)
- ① 心臟導管插入 cardiac catheterization
- ① 開心外科手術 open heart
- ① 心臟移植 heart transplant
- ① 冠狀動脈旁路手術 coronary bypass
- ① 血管舒張藥 vasodilator
- ① 血管加壓藥 vasopressor
- Respiratory System**
- ② 鼻 nose, ② nas-, ② rhin-
- ② 鼻孔 nostrils
- ② 咽 pharynx, pharyng-
- ② 喉 larynx, laryng-
- ① 鼻咽 nasopharynx
- ① 口咽 oropharynx
- ① 喉咽 laryngopharynx
- ② 氣管 trachea
- ② 肺 lung, ② pulmo-, ② pneum(on)-
- ① 胸腔 thoracic cavity
- ① 胸膜 pleura
- ① 胸膜腔 pleural cavity
- ① 支氣管 bronchus
- ① 細支氣管 bronchioles
- ① 肺泡 (pulmonary) alveolus
- ② 會厭 epiglottis
- ② 肋間肌 intercostal muscles
- ② 橫膈 diaphragm
- ① 縱隔 mediastinum
- ① 鼻（副）竇 paranasal sinuses
- ① 扁桃腺† tonsils (*Ger.* Mandel(drüse)), (*Fr.* amygdale)
- ① 腺樣增殖體 adenoids, adenoid vegetation (*Ger.* Rachenmandelwucherungen)
- ② 懸壅垂 uvula
- ② 氣喘 asthma
- ② 窒息 asphyxiation
- ① 支氣管炎 bronchitis
- ① 肺炎 pneumonia
- ① 胸膜炎 pleurisy
- ① 胸膜滲液 pleural effusion
- ① 肺氣腫 pulmonary emphysema
- ① 血胸 hemothorax
- ① 膿胸 pyothorax, ① thoracic empyema
- ① 氣胸 pneumothorax
- ① 肺結核 pulmonary tuberculosis
- ① 肺纖維變性 pulmonary fibrosis
- ① 肺癌 lung cancer
- ① 喉炎 laryngitis
- ① 咽炎 pharyngitis
- ① 鼻炎 rhinitis
- ① 過敏 allergy
- ① 過敏性鼻炎 allergic rhinitis
- ① 鼻竇炎 sinusitis
- ① 支氣管擴張 bronchiectasis
- ① 扁桃腺炎 tonsillitis
- ② 百日咳 whooping cough
- ② 百日咳 pertussis
- ② 白喉 diphtheria
- ① 枯草熱 hay fever
- ① 支氣管痙攣 bronchospasm
- ① 發音困難 dysphonia
- ① 血碳酸過度 hypercapnia
- ① 換氣過度 hyperventilation
- ① 缺氧（症）anoxia
- ① 氧不足, ① 氧過少 hypoxia
- ① 囉音 rale

APPENDIX I: SOURCE-ORIENTATION IN CHINESE TERMINOLOGY OF WESTERN MEDICINE

② 咳嗽 cough	② 橫結腸 transverse colon	② 胃痛 stomachache
② 哮喘 wheezing	② 結腸脾曲 splenic flexure	② 上腹痛 epigastric pain
② 呼吸困難 dyspnea	② 降結腸 descending colon	② 噁心 nausea
② 咯血 hemoptysis	② 乙狀結腸 sigmoid colon	② 嘔吐 vomiting
② 滲出 (物) exudation	② 直腸 rectum, rect-	② 腹瀉 diarrhoea
② 擴張 dilatation	② 直腸 / 肛門 proct-	② 便秘 constipation
① 卡他 catarrh	② 肛門 anus	② 便血 hemafecia
② 葉切除術 lobectomy	① 腹膜 peritoneum	② 嘔血 hematemesis
② 切除術 -ectomy	① 腸繫膜 mesentery	② 嚥物困難 dysphagia
② 喉切除術 laryngectomy	② 舌 tongue, ② lingu-,	② 唇裂 cleft lip (palate)
② 鼻造形術 rhinoplasty	② gloss-	② 營養不良 malnutrition
② 造形術 -plasty	② 齒 teeth	② 食道炎 esophagitis
② 胸腔穿刺術 thoracentesis	② 唾液腺 salivary gland	② 口腔炎 stomatitis
② 穿刺術 centesis	② 胰的 pancreatic	② 舌炎 glossitis
	② 肝 liver, ② hepat-	② 涎石病 sialithiasis
	② 膽囊 gallbladder,	② 胃炎 gastritis
	② cholecyst-	② 精神性食慾缺乏 anorexia
	② 蛋白質† proteins (<i>Ger.</i>	nervosa
	Eiweiß)	② 胃腸炎 gastroenteritis
② 消化管 (道) alimentary canal	② 脂肪 fats, ② lip-, ② adip-	② 食物中毒 food poisoning
② 消化道 digestive tract	② 碳水化合物 carbohydrates	② 胰臟炎 pancreatitis
② 口 mouth, ② or-, ② stomat-	② 糖類 sugars	② 消化性潰瘍 peptic ulcer
② 口腔 oral cavity	② 纖維 fiber	② 胃潰瘍 gastric ulcer
② 食道 esophagus, esophag-	① 維生素 vitamins	② 十二指腸炎 duodenitis
② 胃 stomach, stomach-,	② 微量元素 trace elements	② 闌尾炎 appendicitis
② gastr-	② 消化 digestion	② 腹膜炎 peritonitis
② 腸 intestine, intestin-,	② 吸收 absorption	② 胃癌 stomach cancer
② bowel, ② gut, ② enter-	② 排出 elimination	② 疝氣, ② 突逸 hernia
② 小腸 small intestine	① 蠕動 peristalsis	② 結腸炎 colitis
② 十二指腸 duodenum	② 排糞 defecation	② 息肉病 polyposis
② 空腸 jejunum	① 新陳代謝 metabolism	② 克羅恩氏病,
② 迴腸 ileum, ile-	① 組成代謝 anabolism	② 節段性迴腸炎 Crohn's
② 大腸 large intestine	① 分解代謝 catabolism	disease
② 盲腸 caecum	② 分泌、(物) secretion	② 局部性迴腸炎 regional
① 闌尾 appendix	② 食慾不振 loss of appetite	ileitis
② 結腸† colon, col- (<i>Ger.</i>	② 食慾缺乏 anorexia	② 痔瘡 hemorrhoids
Grimmdarm)		
② 升結腸 ascending colon		

TRANSLATION OF CHINESE MEDICAL TERMS

② 瘻管 fistula	② 排尿困難 dysuria	② 乳房 breasts
② 腳氣 beriberi	② 膿尿 pyuria	② 乳腺 mammary gland
② 肝炎 hepatitis	② 無尿 anuria	② 胚胎 embryo
② 膽石病 cholelithiasis	② 遺尿 enuresis	② 胎兒 fetus
② 膽結石 gallstones	② 夜尿症 nocturia,	② 臍帶 umbilical cord
② 腹水† ascites (<i>Ger.</i>	② nycturia	② 月經 menstruation
Bauchwassersucht)	② 尿少症 oliguria	② 月經期 menstrual period
② 膽囊炎 cholecystitis	② 多尿症 polyuria	② 月經週期 menstrual cycle
① 肝硬化 cirrhosis	② 小便頻繁, ② 尿次數	② 生殖 reproduction
② 幽門狹窄 pyloric stenosis	urinary frequency	② 妊娠 pregnancy
② 剖腹術 laparotomy	② 小便緊急 urinary urgency	① 泌乳 lactation
② 切開術 -tomy	② 生殖器 genitalia	② 乳 (汁) milk, ② lact-,
② 結腸造口術 colostomy	② 生殖器 genitals	② galact-
② 闌尾切除術 appendectomy	② 外生殖器 external genitalia	② 乳腺痛 mastalgia
② 胃切除術 gastrectomy	② 性腺 sex glands	② 痛經 dysmenorrhea
	② 生殖腺 gonads	② 經閉, ② 無月 amenorrhea
	② 卵巢 ovary	② 白帶 leukorrhea
	② 卵 ovum	② 經前期緊張綜合徵
	② 輸卵管 uterine tubes	premenstrual syndrome
	② 輸卵管 fallopian tubes	(PMS)
	② 子宮 uterus	② 乳液缺乏, ② 無乳 agalactia
	② 子宮內膜 endometrium	② 卵巢囊腫 ovarian cyst
	② 子宮頸 cervix uteri	② 輸卵管炎 salpingitis
	② 胎盤 placenta	② 陰道炎 vaginitis
	② 繖 fimbriae	② 陰道炎 colpitis
	② 陰道 vagina	② 子宮內膜炎 endometritis
	② 處女膜 hymen	② 子宮內膜異位症
	② 巴多林氏腺, ② 前庭大腺	endometriosis
	Bartholin's glands	② 子宮內膜癌 endometrial
	② 陰阜 mons pubis	carcinoma
	② 陰 (部) pudendum,	② 子宮平滑肌瘤 leiomyoma
	② pubis	uteri
	② 女陰 vulva	② 毛滴蟲病 trichomoniasis
	② 陰唇 labia	② 毛滴蟲 trichomonas
	② 陰蒂 clitoris	② 陰道毛滴蟲 trichomonas
	② 陰毛 pubic hair	vaginalis

Genitourinary System

② 腎 kidney, ② ren-,
② nephro-② 尿, ② 小便
urine
② 腎盂 renal pelvis
② 輸尿管 ureter
② 膀胱 bladder, ② vesic-,
② cyst-
② 尿道 urethra
② 尿道口 urinary meatus
② 腎炎 nephritis
② 膀胱炎 cystitis
② 腎盂炎 pyelitis
② 尿石 urinary calculus
② 腎石病 nephrolithiasis
② 膀胱石病 cystolithiasis
② 腎化膿症 nephropoysis
② 腎衰竭 renal failure
② 尿毒症 uremia
② 蛋白尿 proteinuria

APPENDIX I: SOURCE-ORIENTATION IN CHINESE TERMINOLOGY OF WESTERN MEDICINE

① 膀胱陰道瘻管 vesicovaginal fistula	② 陽萎 impotence	③ 中樞神經系統 central nervous system
① 陰道癌 vaginal carcinoma	① 勃起不能 impotence	② 腦 brain,
① 異位妊娠 ectopic pregnancy	① 隱睪症 cryptorchidism	② 腦 encephalon, encephal-
① 子宮外妊娠 extrauterine pregnancy	① 前列腺炎 prostatitis	③ 大腦 cerebrum
② 流產 abortion	① 睪丸炎 orchitis	③ 大腦的、腦的 cerebral, cerebr-
② 流產 miscarriage	① 副睪炎 epididymitis	① 小腦 cerebellum, cerebell-
① 休克 shock	① 輸精管切除術 vasectomy	① 灰質 grey matter
② 子癇 eclampsia	① 包皮環切術 circumcision	① 白質 white matter
① 輸卵管積水 hydrosalpinx	① 睪丸固定術 orchiopexy	① 腦幹 brain stem
① 膀胱突出 cystocele		① 脊髓† spinal cord (<i>Lat.</i> medulla spinalis), (<i>Ger.</i> Rückenmark)
① 子宮切除術 hysterectomy	Endocrine System	① 腦膜 meninges
① 卵巢切除術 oophorectomy	③ 腺 gland, glandul-, ③ aden-	① 硬膜 dura mater
① 陰道縫合術 colporrhaphy	③ 腺的 glandular	① 蜘蛛膜 arachnoid
① 輸卵管切除術 salpingectomy	① 垂體* pituitary gland ,	① 軟膜 pia mater
③ 精液 semen	① hypophysis	① 腦脊（髓）液 cerebrospinal fluid
③ 精蟲 sperm	① 松果腺 pineal gland	③ 自主神經系統 autonomic nervous system
① 精子 spermatozoon	① 甲狀腺 thyroid gland	① 周圍神經系統 peripheral nervous system
② 睪丸 testis, testicle	① 甲狀旁腺 parathyroid glands	① 交感神經系統 sympathetic nervous system
① 副睪 epididymis	① 胸腺 thymus	① 副交感神經系統 parasympathetic nervous system
① 精管 seminal ducts	① 腎上腺 adrenal glands	③ 神經 nerve, nerv-, ③ neur-
① 輸精管 ductus deferens	① 腎上腺 suprarenal glands	① 腦神經 cranial nerves
① 輸精管 vas deferens	② 胰臟 pancreas, pancreat-	① 脊神經 spinal nerves
① 精囊管 duct of the seminal vesicle	① 肢端肥大病 acromegaly	① 神經節† ganglion (<i>Ger.</i> Nervenknote)
① 射精管 ejaculatory duct	② 巨大畸形 gigantism	③ 神經鍵 synapse
① 前列腺, ③ 攝護腺 prostate gland	③ 矮呆病 cretinism	① 神經元 neuron
② 陰囊 scrotum	① 侏儒病 dwarfism	① 貝耳氏癱瘓 Bell's palsy
② 陰莖 penis	① 血糖過少 hypoglycemia	
② 龜頭 glans penis	① 黏液水腫 myxedema	
② 包皮 foreskin	① 甲狀腺腫* goiter,	
② 勃起 erection	① thyromegaly	
	① 凸眼性甲狀腺腫 exophthalmic goiter	
	② 手足搐搦 tetany	
	② 破傷風 tetanus	

TRANSLATION OF CHINESE MEDICAL TERMS

⑩ 面癱 facial paralysis	⑩ 水狀液, ⑩ 眼房水 aqueous humor	⑩ 淚囊炎 dacryocystitis
⑩ 大腦性癱瘓 cerebral palsy		⑩ 麥粒腫 hordeolum
⑩ 腸菌毒病 botulism	⑩ 玻璃狀液 vitreous humor	⑤ 針眼 sty
⑩ 腦炎 encephalitis	⑩ 視網膜 retina	⑩ 淚囊切開術 dacryocystotomy
⑤ 癲癇 epilepsy	⑩ 眼神經 optic nerve	⑩ 虹膜切除術 iridectomy
⑩ 血腫 hematoma	⑩ 淚腺 lacrimal gland	
① 疱疹 herpes	⑩ 淚囊 lacrimal sac	
⑩ 帶狀疱疹 herpes zoster	⑩ 鼻淚管 nasolacrimal duct	Ear
⑩ 水腦 hydrocephalus	⑩ 視網膜中央凹 fovea centralis retinae	⑤ 耳 ear, ⑤ aur-, ⑤ ot-
⑩ 腦膜炎 meningitis	⑩ 晶體懸韌帶 suspensory ligament of the lens	⑤ 耳廓 auricle
⑩ 神經痛 neuralgia	⑤ 瞼 eyelid, ⑤ palpebr-, ⑤ blephar- ⑤ 盲, ⑤ 視覺缺失 blindness	⑩ 耳翼 pinna
⑩ 肋間神經痛 intercostal neuralgia		⑤ 耳輪 helix
⑩ 坐骨神經痛 sciatica		⑤ 耳垂 earlobe
⑩ 腦脊髓膜膨出 meningocele	⑩ 遠視 hyperopia	⑩ 外耳道 external auditory meatus
⑩ 脊髓灰白質炎 poliomyelitis	⑩ 近視 myopia	⑩ 外耳道 external ear canal
⑩ 多發性硬化症 multiple sclerosis	⑩ 老視 presbyopia	⑤ 耳聾 cerumen
⑩ 阿耳茨海默氏病 Alzheimer's disease	⑩ 斜視 strabismus	⑩ 中耳 middle ear
⑩ 老年癡呆症 senile dementia	⑩ 角膜炎 keratitis	⑩ 鼓膜 tympanic membrane
	⑩ 結膜炎 conjunctivitis	⑩ 耳鼓 eardrum
	⑩ 瞼炎 blepharitis	⑩ 鼓室, ⑩ 鼓膜 tympanum, tympan-
Eye	① 青光眼, ① 綠內障 glaucoma	⑩ 鼓膜 myring-
⑤ 眼 eye, ⑤ ocul-, ⑤ ophthalm-	① 白內障 cataract	⑩ 錘骨 malleus
⑩ 鞏膜 sclera	① 霰粒腫 chalazion	⑩ 砧骨 incus
⑩ 角膜 cornea, corne-, ⑩ kerat-	① 瞼板腺囊腫 chalazion	⑩ 鐙骨 stapes
⑩ 結膜 conjunctiva	⑩ 沙眼 trachoma	⑩ 中耳腔 cavity of the middle ear
⑩ 葡萄膜 uvea	⑩ 視網膜病 retinopathy	
① 脈絡膜 choroid	⑩ 視網膜脫落 detached retina	⑩ 內耳 internal ear
⑩ 睫狀體 ciliary body	⑩ 視網膜脫落 detachment of the retina	⑩ 骨性半規管 bony semicircular canals
⑩ 虹膜 iris, iri-, irid-, irit-	⑩ 視網膜炎 retinitis	⑩ 耳蝸 cochlea
⑤ 瞳孔 pupil, pupil(l)-, ⑤ cor-	⑩ 虹膜炎 iritis	① 迷路 labyrinth
① 晶體 lens	⑩ 角膜潰瘍 corneal ulcer	⑩ 聽道* auditory tube, ⑩ eustachian tube
	⑩ 圓錐形角膜 keratoconus	
	⑩ 葡萄膜炎 uveitis	⑩ 聽道炎 eustachian

APPENDIX I: SOURCE-ORIENTATION IN CHINESE TERMINOLOGY OF WESTERN MEDICINE

① 外耳炎 otitis externa

① 中耳炎 otitis media

① 鼓室炎 tympanitis

① 鼓膜炎 myringitis

① 內耳炎 otitis interna

① 迷路炎 labyrinthitis

① 高空耳炎 aerotitis

① 梅尼爾氏病 Menière's disease

① 耳硬化 otosclerosis

① 鼓膜成形術 tympanoplasty

① 鼓膜切開術 myringotomy

① 耳造形術 otoplasty

① 鐙骨切除術 stapedectomy

Teeth

② 齒 tooth, ② dent-, ② odont-

① 釉質 enamel

① 齒堊質 cementum

① 齒質 dentin

① 齒髓 pulp

① 齒髓腔 pulp cavity

② 齒齦 gum,

② gingiva, gingiv-, ② ul-

② 乳齒 deciduous teeth

① 恆齒 permanent teeth

① 犬齒 canine teeth (canines)

① 前臼齒 premolars

① 臼齒 molars

① 尖齒 cuspids

① 二尖齒 bicuspid

① 三尖齒 tricuspid

① 舌面 lingual surface

① 面側面 facial surface

① 中線面 mesial surface

① 遠側面 distal surface

① 咬合面, ① 閉合面 occlusal surface

① 齒斑 dental plaque

① 齒石 dental calculus

① 牙垢

① 牙石

② 齲 caries

① 膿腫 abscess

① 膿漏 pyorrhea

① 無齒 anodontia

② 磨牙 bruxism

① 牙周病 periodontosis

① 齒齦炎 gingivitis

Infectious Diseases

① 葡萄球菌感染 staphylococcal infection

① 鏈球菌感染 streptococcal infection

② 感冒 common cold, cold

① 流行性感冒 influenza

② 麻疹 measles

① 德國麻疹* German measles, ① rubella

② 霍亂 cholera

② 天花 smallpox, ② variola

② 水痘 chickenpox

② 傷寒 typhoid

① 脊髓灰白質炎 poliomyelitis

① 登革熱 dengue fever

② 白喉 diphtheria

② 鵝口瘡 thrush

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

I. Mann's Terminology (1962/1971)

1. 陰陽 *yīn yáng*, Yin, Yang
2. 五行 *xíng*, five elements: 木 *mù*, wood; 火 *huǒ*, fire; 土 *tǔ*, earth; 金 *jīn*, metal; 水 *shuǐ*, water
3. 血 *xuè*, blood
4. 精 *jīng*, essence, Jing
5. 神 *shén*, spirit, Shen
6. 氣 *qì*, Qi, energy of life: 衛氣 *wèi qì*, Protecting Qi; 營氣 *yíng qì*, Nourishing Qi; 大氣 *dà qì*, — 宗氣 *zōng qì*, — 真氣 *zhēn qì*, — 精氣 *jīng qì*, — 穀氣 *gǔ qì*, — 原氣 *yuán qì*, — 元氣 *yuán qì*, — 經氣 *jīng qì*, — 正氣 *zhèng qì*, — 邪氣 *xié qì*, evil Qi
7. 臟 *zàng*, Yin (solid) organ: 肝 *gān*, liver; 心 *xīn*, heart; 脾 *pí*, spleen; 肺 *fèi*, lung; 腎 *shèn*, kidney; 心包絡 *xīn bāo luò*, pericardium
8. 腑 *fǔ*, Yang (hollow) organ: 膽 *dǎn*, gall bladder; 小腸 *xiǎo cháng*, small intestine; 胃 *wèi*, stomach; 大腸 *dà cháng*, large intestine; 膀胱 *páng guāng*, bladder; 三焦 *sān jiāo*, triple warmer
9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, muscles; 血脈 *xuè mài*, blood vessels; 肉 *ròu*, fat; 皮毛 *pí máo*, skin; 骨 *gǔ*, bone
10. 味 *wèi*, flavour: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, hot; 鹹 *xián*, salt; 淡 *dàn*, —
11. 津液 *jīn yè*, liquid and humour (fluid) 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, saliva; 涕 *tì*, mucus; 唾 *tuò*, — (replaced with 'urine')
12. 裡 *lǐ*, —
13. 表 *biǎo*, —
14. 命門 *mìng mén*, —
15. 君火 *jūn huǒ*, —
16. 相火 *xiàng huǒ*, —
17. 九竅 *jiǔ qiào*, —
18. 經絡 *jīng luò*, meridians: 經脈 *jīng mài*, meridian; 絡脈 *luò mài*, connecting meridians; 太陽 *tài yáng*, Greater Yang; 陽明 *yáng míng*, Sunlight Yang; 少陽 *shào yáng*, Lesser Yang; 太陰 *tài yīn*, Greater Yin; 少陰 *shào yīn*, Lesser Yin; 厥陰 *jué yīn*, Absolute Yin
19. 奇經八脈 *qí jīng bā mài*, extra meridians: 督脈 *dū mài*, Governing vessel; 任脈 *rèn mài*, Conception v.; 衝脈 *chōng mài*, Penetrating v.; 帶脈 *dài mài*, Girdle v.
20. 經筋 *jīng jīn*, muscle meridians
21. 六淫 *liù yín*, six excesses: 風 *fēng*, wind; 寒 *hán*, cold; 暑 *shǔ*, summer heat; 濕 *shī*, damp

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

22. 痰 *tán*, —
23. 痰飲 *tán yǐn*, —
24. 氣滯 *qì zhì*, —
25. 血瘀 *xuè yū*, —
26. 心下痞 *xīn xià pǐ*, —
27. 遺尿 *yí niào*, —
28. 喘促 *chuǎn cù*, —
29. 帶下 *dài xià*, —
30. 心煩 *xīn fán*, —
31. 煩燥 *fán zào*, —
32. 拘急 *jū jí*, —
33. 納呆 *nà dāi*, —
34. 奔豚 *bēn tún*, —
35. 骨蒸 *gǔ zhēng*, —
36. 結胸 *jié xiōng*, —
37. 中風 *zhòng fēng*, —
38. 霍亂 *huò luàn*, —
39. 痺 *bì*, —
40. 風痺 *fēng bì*, —
41. 痿證 *wěi zhèng*, —
42. 淋證 *lín zhèng*, —
43. 石淋 *shí lín*, —
44. 消渴 *xiāo kě*, —
45. 崩漏 *bēng lòu*, —
46. 風熱眼 *fēng rè yǎn*, —
47. 風熱頭痛 *fēng rè tóu tòng*, —
48. 丹毒 *dān dú*, —
49. 虛實 *xū shí*, fullness and emptiness
50. 肝氣犯胃 *gān qì fàn wèi*, —
51. 濕困脾陽 *shī kùn pí yáng*, —
52. 風熱束肺 *fēng rè shù fèi*, —
53. 化火 *huà huǒ*, —
54. 肝陽化火 *gān yáng huà huǒ*, —
55. 命門火衰 *mìng mén huǒ shuāi*, —
56. 補、瀉 *bǔ 、 xiè*, tonify, sedate
57. 回陽救逆 *huí yáng jiù nì*, —
58. 開竅 *kāi qiào*, —
59. 養心安神 *yǎng xīn ān shén*, —
60. 降氣 *jiàng qì*, —
61. 破血 *pò xuè*, —
62. 祛瘀活血 *qū yū huó xuè*, —
63. 化痰 *huà tán*, —

65. 理氣 lǐ qì, —

II. Porkert's Terminology (1978)

1. 陰陽 yīn yáng, yin, yang
2. 五行 xíng, Five Evolutive Phases: 木 mù, *transvectus ligni*, E.P. Wood; 火 huǒ, *t. ignis*, E.P. Fire; 土 tǔ, *t. humi*, E.P. Earth; 金 jīn, *t. metalli*, E.P. Metal; 水 shuǐ, *t. aquae*, E.P. Water
3. 血 xuè, *hsüeh*, individually specific structive energy
4. 精 jīng, *ching*, structive potential
5. 神 shén, *shen*, configurative force
6. 氣 qì, *configuratio*, configurational energy, energetic configuration: 衛氣 wèi qì, *ch'i defensivum*, defensive energy; 營氣 yíng qì, *ch'i constructivum*, constructive energy; 大氣 dà qì, *ch'i magnum*, great *ch'i*; 宗氣 zōng qì, *ch'i genuinum*, genetic *ch'i*; 真氣 zhēn qì, *ch'i merum*, true *ch'i*; 精氣 jīng qì, *ching-ch'i*; 穀氣 gǔ qì, *ch'i frumentarium*, alimentary *ch'i*; 原氣 yuán qì, *ch'i originale*, original *ch'i*; 元氣 yuán qì, *ch'i primum*, primordial *ch'i*; 經氣 jīng qì, *ch'i cardinale*, cardinal conduit *ch'i*; 正氣 zhèng qì, *ch'i orthopathicum*, correct *ch'i*, orthopathy; 邪氣 xié qì, *ch'i heteropathicum*, heteropathic *ch'i*, heteropathy
7. 臟 zàng, *orbes horreales*, yin orbs: 肝 gān, *orbis hepaticus*; 心 xīn, *o. cardialis*; 脾 pí, *o. lienalis*; 肺 fèi, *o. pulmonalis*; 腎 shèn, *o. renalis*; 心包絡 xīn bāo luò, *o. pericardialis*
8. 腑 fǔ, *orbes aulici*, yin orbs: 膽 dǎn, *orbis felleus*; 小腸 xiǎo cháng, *o. intestini tenuis*; 胃 wèi, *o. stomachi*; 大腸 dà cháng, *o. intestini crassi*; 膀胱 páng guāng, *o. vesicalis*; 三焦 sān jiāo, *o. tricalorii*
9. 五臟所主 wǔ zàng suǒ zhǔ, —: 筋 jīn, *nervus*, sinews and muscles; 血脈 xuè mài, *hsüeh mo*; 肉 ròu, flesh; 皮毛 pí máo, skin and body hair; 骨 gǔ, bone;
10. 味 wèi, *sapor*, flavor: 酸 suān, sour; 苦 kǔ, bitter; 甘 gān, sweet; 辛 xīn, pungent; 鹹 xián, salty; 淡 dàn, flavorless
11. 津液 jīn yè, *chin, yeh*, active and structive fluids: 淚 lèi, tears; 汗 hàn, sweat; 涎 xián, *saliva lienalis*; 涕 tì, nasal secretions; 唾 tuò, *saliva renalis*
12. 裡 lǐ, *intima*
13. 表 biǎo, *species*
14. 命門 mìng mén, *porta fortunae*, Gate of Destiny
15. 君火 jūn huǒ, *ignis principis*, sovereign fire
16. 相火 xiàng huǒ, *ignis ministri*, ministerial fire
17. 九竅 jiǔ qiào, nine specific body openings
18. 經絡 jīng luò, *sinarteriae*, sinarteries, conduits: 經脈 jīng mài, *sinarteriae cardinales*, cardinal conduits; 絡脈 luò mài, *sinarteriae reticulares*, reticular conduits; 太陽 tài yáng, *yang maior*; 陽明 yáng míng, *splendor yang*; 少陽 shào yáng, *yang minor*; 太陰 tài yīn, *yin maior*; 少陰 shào yīn, *yin minor*; 厥陰 jué yīn, *yin flectens*
19. 奇經八脈 qí jīng bā mài, *sinarteriae cardinales*, odd conduits; 督脈 dū mài, *sinarteria regens*; 任脈 rèn mài, *s. respondens*; 衝脈 chōng mài, *s. impedimentalis*; 帶脈 dài mài, *s. zonalis*
20. 經筋 jīng jīn, *sinarteriae nervocardinales*, muscle conduits
21. 六淫 liù yín, six climatic or seasonal excesses: 風 fēng, *ventus*, wind; 寒 hán, *algor*, cold; 暑 shǔ, damp heat; 濕 shī, *humiditas*, dampness; 燥 zào, *ariditas*, dryness; 火 huǒ, *ignis*, fire
22. 虛實 xū shí, *inanitas*, exhaustion; *repletio*, repletion
23. 補、瀉 bǔ、xiè, replenish, drain off

III. Xiè's Terminology (1984)

1. 陰陽 *yīn yáng*, *yin, yang*
2. 五行 *xíng*, Five Elements, Five Evolutive Phases: 木 *mù*, wood; 火 *huǒ*, fire; 土 *tǔ*, earth; 金 *jīn*, metal; 水 *shuǐ*, water
3. 血 *xuè*, blood
4. 精 *jīng*, essence
5. 神 *shén*, mental faculties
6. 氣 *qì*, vital energy: 衛氣 *wèi qì*, defence energy; 營氣 *yíng qì*, constructive energy; 大氣 *dà qì*, cosmic energy; 宗氣 *zōng qì*, pectoral energy; 真氣 *zhēn qì*, vitality; genuine energy; 精氣 *jīng qì*, vital substance, vital essence, and vital energy; 穀氣 *gǔ qì*, food energy; 原氣 *yuán qì*, original vital energy; 元氣 *yuán qì*, original vital energy; 經氣 *jīng qì*, vital energy of the conduits; 正氣 *zhèng qì*, body resistance; 邪氣 *xié qì*, pathogenic factors
7. 臟 *zàng*, viscera: 肝 *gān*, liver, hepatic orb; 心 *xīn*, heart, cardiac orb; 脾 *pí*, spleen, splenic orb; 肺 *fèi*, lung, pulmonic orb; 腎 *shèn*, kidney, renal orb; 心包絡 *xīn bāo luò*, pericardium
8. 腑 *fǔ*, bowels: 膽 *dǎn*, (orb of the) gallbladder; 小腸 *xiǎo cháng*, (orb of the) small intestine; 胃 *wèi*, (orb of the) stomach; 大腸 *dà cháng*, (orb of the) large intestine; 膀胱 *páng guāng*, (orb of the) urinary bladder; 三焦 *sān jiāo*, (orb of the) triple burner
9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, sinew; 血脈 *xuè mài*, blood and vessels; 肉 *ròu*, flesh; 皮毛 *pí máo*, skin surface; 骨 *gǔ*, bone
10. 味 *wèi*, taste, flavour: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, pungent; 鹹 *xián*, salty; 淡 *dàn*, mild-flavoured
11. 津液 *jīn yè*, body fluid; liquid nutrients 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, slobber; 涕 *tì*, snivel; 唾 *tuò*, spittle
12. 裡 *lǐ*, interior
13. 表 *biǎo*, exterior
14. 命門 *mìng mén*, Vital Gate, Gate of Life
15. 君火 *jūn huǒ*, —
16. 相火 *xiàng huǒ*, Ministerial Fire
17. 九竅 *jiǔ qiào*, nine body orifices or openings
18. 經絡 *jīng luò*, channels and collaterals: 經脈 *jīng mài*, channel; 絡脈 *luò mài*, collaterals, reticular conduits; 太陽 *tài yáng*, Taiyang, Yang Maximum; 陽明 *yáng míng*, Yangming, Yang in Equilibrium; 少陽 *shào yáng*, Shaoyang, Yang Minimum; 太陰 *tài yīn*, Taiyin, Yin Maximum; 少陰 *shào yīn*, Shaoyin, Yin Minimum; 厥陰 *jué yīn*, Jueyin, Yin in Equilibrium
19. 奇經八脈 *qí jīng bā mài*, Extra Channels: 督脈 *dū mài*, Du (Back Middle) Channel, Governing Meridian; 任脈 *rèn mài*, Ren (Front Middle) Channel, Conception Meridian; 衝脈 *chōng mài*, Chong Channel, Vital Channel; 帶脈 *dài mài*, Belt Channel
20. 經筋 *jīng jīn*, muscles distributed along the Twelve Regular Channels
21. 六淫 *liù yín*, six excessive or untimely atmospheric influences: 風 *fēng*, wind; 寒 *hán*, cold; 暑 *shǔ*, summer heat; 濕 *shī*, dampness; 燥 *zào*, dryness; 火 *huǒ*, fire
22. 痰 *tán*, ??
23. 痰飲 *tán yǐn*, retention of phlegm and fluid
24. 氣滯 *qì zhì*, qì stagnation
25. 血瘀 *xuè yū*, — (瘀血 *yū xuè*, stagnated blood)
26. 心下痞 *xīn xià pǐ*, stuffiness in the gastric region
27. 遺尿 *yí niào*, enuresis

28. 喘促 *chuǎn cù*, dyspnoea and tachypnoea
29. 帶下 *dài xià*, morbid leukorrhoea
30. 心煩 *xīn fán*, fidgets
31. 煩燥 *fán zào*, irritability and restlessness
32. 拘急 *jū jí*, contracture or subjective sensation of contraction
33. 納呆 *nà dāi*, want of appetite; anorexia
34. 奔豚 *bēn tún*, running piggy
35. 骨蒸 *gǔ zhēng*, bone steaming
36. 結胸 *jié xiōng*, accumulation of excessive harmful factor in the chest
37. 中風 *zhòng fēng*, apoplexy
38. 霍亂 *huò luàn*, choleraic disease
39. 痺 *bì*, rheumatic or rheumatoid arthritis
40. 風痺 *fēng bì*, arthralgia due to wind
41. 痿證 *wěi zhèng*, flaccid paralysis of the limbs
42. 淋證 *lín zhèng*, urinary disturbance
43. 石淋 *shí lín*, urolithiasis
44. 消渴 *xiāo kě*, diabetes
45. 崩漏 *bēng lòu*, uterine bleeding
46. 風熱眼 *fēng rè yǎn*, acute conjunctivitis
47. 風熱頭痛 *fēng rè tóu tòng*, headache due to wind and heat
48. 丹毒 *dān dú*, erysipelas
49. 虛實 *xū shí*, insufficiency (or deficiency), excessiveness
50. 肝氣犯胃 *gān qì fàn wèi*, perverted flow of exuberant Qi (vital energy) of the liver leading to dysfunction of the stomach
51. 濕困脾陽 *shī kùn pí yáng*, disturbance of Yang (vital function) of the spleen owing to external cold dampness
52. 風熱束肺 *fēng rè shù fèi*, attack of wind and cold on the lung
53. 化火 *huà huǒ*, ??
54. 肝陽化火 *gān yáng huà huǒ*, ???
55. 命門火衰 *mìng mén huǒ shuāi*, decline of the fire of the Vital Gate
56. 補、瀉 *bǔ 、 xiè*, purgation/reduction, reinforcing/replenishing
57. 回陽救逆 *huí yáng jiù nì*, restore Yang (vital function) from collapse
58. 開竅 *kāi qiào*, resuscitate
59. 養心安神 *yǎng xīn ān shén*, nourish the heart and soothe the nerves
60. 降氣 *jiàng qì*, keep air or gas going downward
61. 破血 *pò xuè*, eradicate blood stasis
62. 祛瘀活血 *qū yū huó xuè*, promote or activate blood circulation by removing blood stasis
63. 化痰 *huà tán*, resolve phlegm
64. 消痞 *xiāo pí*, disintegrate masses
65. 理氣 *lǐ qì*, regulate the flow of vital energy

IV. CEMD Terminology (1987)

1. 陰陽 *yīn yáng*, yin, yang

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

2. 五行 *xíng*, five elements, five evolutive phases; 木 *mù*, wood; 火 *huǒ*, fire; 土 *tǔ*, earth; 金 *jīn*, metal; 水 *shuǐ*, water
3. 血 *xuè*, blood;
4. 精 *jīng*, essence (of life);
5. 神 *shén*, vitality; mentality, consciousness and thinking
6. 氣 *qì*, *qi*, *chi*, vital energy: 衛氣 *wèi qì*, defensive energy; 營氣 *yíng qì*, *yíng-qi*; 大氣 *dà qì*, atmosphere, air; 宗氣 *zōng qì*, pectoral *qi*; 真氣 *zhēn qì*, genuine *qi*; 精氣 *jīng qì*, vital essence and energy, genuine energy, primordial energy; 穀氣 *gǔ qì*, essence derived from food; 原氣 *yuán qì*, —; 元氣 *yuán qì*, primordial *qi*; 經氣 *jīng qì*, channel *qi*; 正氣 *zhèng qì*, vital-*qi*; 邪氣 *xié qì*, pathogenic factor, pathogen
7. 臟 *zàng*, viscera: 肝 *gān*, liver; 心 *xīn*, heart; 脾 *pí*, spleen; 肺 *fèi*, lung; 腎 *shèn*, kidney; 心包絡 *xīn bāo luò*, pericardium
8. 腑 *fǔ*, *fu*-organ: 膽 *dǎn*, gallbladder; 小腸 *xiǎo cháng*, small intestine; 胃 *wèi*, stomach; 大腸 *dà cháng*, large intestine; 膀胱 *páng guāng*, urinary bladder; 三焦 *sān jiāo*, tri-*jiao*
9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, tendon (and muscle); 血脈 *xuè mài*, blood and vessels; 肉 *ròu*, muscle; 皮毛 *pí máo*, skin and hair; 骨 *gǔ*, bone
10. 味 *wèi*, flavor: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, pungent; 鹹 *xián*, salty; 淡 *dàn*, bland
11. 津液 *jīn yè*, body fluids: 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, saliva; 涕 *tì*, nasal discharge; 唾 *tuò*, spittle
12. 裡 *lǐ*, interior
13. 表 *biǎo*, exterior
14. 命門 *mìng mén*, gate of life
15. 君火 *jūn huǒ*, monarch fire
16. 相火 *xiàng huǒ*, ministerial fire
17. 九竅 *jiǔ qiào*, nine orifices
18. 經絡 *jīng luò*, channels and collaterals: 經脈 *jīng mài*, channel; 絡脈 *luò mài*, collateral; 太陽 *tài yáng*, *Taiyang*; 陽明 *yáng míng*, *Yangming*; 少陽 *shào yáng*, *Shaoyang*; 太陰 *tài yīn*, *Taiyin*; 少陰 *shào yīn*, *Shaoyin*; 厥陰 *jué yīn*, *Jueyin*
19. 奇經八脈 *qí jīng bā mài*, Eight Extra-channels: 督脈 *dū mài*, *Du Channel*; 任脈 *rèn mài*, *Ren Channel*; 衝脈 *chōng mài*, *Chong Channel*; 帶脈 *dài mài*, *Dai Channel*
20. 經筋 *jīng jīn*, —
21. 六淫 *liù yín*, six climatic conditions in excess as pathogenic factors: 風 *fēng*, wind; 寒 *hán*, cold; 暑 *shǔ*, summer-heat; 濕 *shī*, dampness; 燥 *zào*, dryness; 火 *huǒ*, fire
22. 痰 *tán*, phlegm, sputum
23. 痰飲 *tán yǐn*, phlegm retention, retention of phlegm and fluid
24. 氣滯 *qì zhì*, stagnation of *qi*
25. 血瘀 *xuè yū*, blood stasis
26. 心下痞 *xīn xià pǐ*, epigastric fullness
27. 遺尿 *yí niào*, enuresis
28. 喘促 *chuǎn cù*, dyspnoea
29. 帶下 *dài xià*, leukorrhoea
30. 心煩 *xīn fán*, vexation
31. 煩燥 *fán zào*, dysphoria; fidgetiness; restlessness; irritability

32. 拘急 *jū jí*, contracture or subjective sensation of contraction
33. 納呆 *nà dāi*, —
34. 奔豚 *bēn tún*, sensation of gas rushing (like a running piggy)
35. 骨蒸 *gǔ zhēng*, hectic fever due to *yin*-deficiency
36. 結胸 *jié xiōng*, accumulation of pathogens in the chest
37. 中風 *zhòng fēng*, apoplexy; wind-stroke syndrome (of *Taiyang*)
38. 霍亂 *huò luàn*, cholera morbus
39. 痺 *bì*, numbness; stagnation-syndrome of *qi* and blood (痺證 *bì zhèng*, arthralgia-syndrome)
40. 風痺 *fēng bì*, wind arthralgia
41. 痿證 *wěi zhèng*, flaccidity syndrome
42. 淋證 *lín zhèng*, stranguria
43. 石淋 *shí lín*, stranguria caused by the passage of urinary stone
44. 消渴 *xiāo kě*, diabetes
45. 崩漏 *bēng lòu*, metrorrhagia and metrostaxis
46. 風熱眼 *fēng rè yǎn*, acute conjunctivitis
47. 風熱頭痛 *fēng rè tóu tòng*, headache due to pathogenic wind-heat
48. 丹毒 *dān dú*, erysipelas
49. 虛實 *xū shí*, deficiency and excessive
50. 肝氣犯胃 *gān qì fàn wèi*, hyperactive liver-*qi* attaching the stomach
51. 濕困脾陽 *shī kùn pí yáng*, disturbance of spleen-*yang* due to dampness
52. 風熱束肺 *fēng rè shù fèi*, —
53. 化火 *huà huǒ*, fire-transformation
54. 肝陽化火 *gān yáng huà huǒ*, transformation of Yang (vital function) of the liver into fire
55. 命門火衰 *mìng mén huǒ shuāi*, decline of the fire from the gate of life
56. 補、瀉 *bǔ 、 xiè*, reinforce, tonify, invigorate, restore, strengthen, supplement; purge, expel, reduce
57. 回陽救逆 *huí yáng jiù nì*, recuperating depleted *yang* and rescuing the patient from collapse
58. 開竅 *kāi qiào*, inducing resuscitation
59. 養心安神 *yǎng xīn ān shén*, nourishing the heart to calm mind
60. 降氣 *jiàng qì*, sending down abnormally ascending *qi*
61. 破血 *pò xuè*, relieve the stagnation of *qi* with potent drugs
62. 祛瘀活血 *qū yū huó xuè*, promote blood circulation by removing blood stasis
63. 化痰 *huà tán*, resolve phlegm
64. 消痞 *xiāo pí*, disintegrate masses; relieve distention and fullness
65. 理氣 *lǐ qì*, regulate the flow of *qi*

V. Maciocia's Terminology (1989)

1. 陰陽 *yīn yáng*, Yin, Yang
2. 五行 *xíng*, Five Elements 木 *mù*, Wood; 火 *huǒ*, Fire; 土 *tǔ*, Earth; 金 *jīn*, Metal; 水 *shuǐ*, Water
3. 血 *xuè*, blood
4. 精 *jīng*, essence (of life)
5. 神 *shén*, Shen, Mind

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

6. 氣 *qì*, Qi: 衛氣 *wèi qì*, Defensive Qi; 營氣 *yíng qì*, Nutritive Qi; 大氣 *dà qì*, —; 宗氣 *zōng qì*, Gathering Qi; 真氣 *zhēn qì*, True Qi; 精氣 *jīng qì*, —; 穀氣 *gǔ qì*, Food Qi; 原氣 *yuán qì*, Original Qi; 元氣 *yuán qì*, —; 經氣 *jīng qì*, channel qi; 正氣 *zhèng qì*, Upright Qi; 邪氣 *xié qì*, pathogenic factor
7. 臟 *zàng*, Yin organs: 肝 *gān*, Liver; 心 *xīn*, Heart; 脾 *pí*, Spleen; 肺 *fèi*, Lung; 腎 *shèn*, Kidney; 心包絡 *xīn bāo luò*, Pericardium
8. 腑 *fǔ*, Yang organs 膽 *dǎn*, Gall Bladder; 小腸 *xiǎo cháng*, Small intestine; 胃 *wèi*, Stomach; 大腸 *dà cháng*, Large Intestine; 膀胱 *páng guāng*, Bladder; 三焦 *sān jiāo*, Triple Burner
9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, sinew 血脈 *xuè mài*, Blood and blood vessels; 肉 *ròu*, muscle; 皮毛 *pí máo*, skin and hair; 骨 *gǔ*, bone
10. 味 *wèi*, flavor: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, pungent; 鹹 *xián*, salty; 淡 *dàn*, bland
11. 津液 *jīn yè*, body fluids: 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, saliva; 涕 *tì*, nasal discharge; 唾 *tuò*, spittle
12. 裡 *lǐ*, Interior
13. 表 *biǎo*, Exterior
14. 命門 *mìng mén*, Gate of Vitality
15. 君火 *jūn huǒ*, —
16. 相火 *xiàng huǒ*, Ministerial Fire
17. 九竅 *jiǔ qiào*, — (竅 *qiào*, orifice, sense organ)
18. 經絡 *jīng luò*, channels: 經脈 *jīng mài*, channel; 絡脈 *luò mài*, connecting channel; 太陽 *tài yáng*, Greater Yang; 陽明 *yáng míng*, Bright Yang; 少陽 *shào yáng*, Lesser Yang; 太陰 *tài yīn*, Greater Yin; 少陰 *shào yīn*, Lesser Yin; 厥陰 *jué yīn*, Terminal Yin
19. 奇經八脈 *qí jīng bā mài*, extraordinary vessel: 督脈 *dū mài*, Governing Vessel; 任脈 *rèn mài*, Directing Vessel; 衝脈 *chōng mài*, Penetrating Vessel; 帶脈 *dài mài*, Girdle Vessel
20. 經筋 *jīng jīn*, —
21. 六淫 *liù yín*, Six Excesses: 風 *fēng*, Wind; 寒 *hán*, Cold; 暑 *shǔ*, Summer-Heat; 濕 *shī*, Dampness; 燥 *zào*, Dryness; 火 *huǒ*, Fire
22. 痰 *tán*, Phlegm
23. 痰飲 *tán yǐn*, Phlegm-Fluids
24. 氣滯 *qì zhì*, Qi stagnation
25. 血瘀 *xuè yū*, stasis of Blood
26. 心下痞 *xīn xià pǐ*, —
27. 遺尿 *yí niào*, enuresis
28. 喘促 *chuǎn cù*, — (喘 *chuǎn*, breathlessness)
29. 帶下 *dài xià*, leukorrhoea
30. 心煩 *xīn fán*, mental restlessness
31. 煩燥 *fán zào*, —
32. 拘急 *jū jí*, —
33. 納呆 *nà dāi*, —
34. 奔豚 *bēn tún*, —
35. 骨蒸 *gǔ zhēng*, —
36. 結胸 *jié xiōng*, —
37. 中風 *zhōng fēng*, Wind-stroke

38. 霍亂 *huò luàn*, —
39. 痺 *bì*, Painful Obstruction Syndrome
40. 風痺 *fēng bì*, —
41. 痿證 *wěi zhèng*, Atrophy Syndrome
42. 淋證 *lín zhèng*, Difficult Urination Syndrome
43. 石淋 *shí lín*, Stone Painful-Urination Syndrome
44. 消渴 *xiāo kě*, —
45. 崩漏 *bēng lòu*, menorrhagia and metrorrhagia
46. 風熱眼 *fēng rè yǎn*, —
47. 風熱頭痛 *fēng rè tóu tòng*, —
48. 丹毒 *dān dú*, —
49. 虛實 *xū shí*, Empty, Full; Excess, Deficiency
50. 肝氣犯胃 *gān qì fàn wèi*, Liver Qi Invading the Stomach
51. 濕困脾陽 *shī kùn pí yáng*, —
52. 風熱束肺 *fēng rè shù fèi*, —
53. 化火 *huà huǒ*, —
54. 肝陽化火 *gān yáng huà huǒ*, —
55. 命門火衰 *mìng mén huǒ shuāi*, weakness of the Fire of the Gate of Vitality
56. 補、瀉 *bǔ 、 xiè*, tonify
57. 回陽救逆 *huí yáng jiù nì*, —
58. 開竅 *kāi qiào*, —
59. 養心安神 *yǎng xīn ān shén*, —
60. 降氣 *jiàng qì*, —
61. 破血 *pò xuè*, —
62. 祛瘀活血 *qū yū huó xuè*, —
63. 化痰 *huà tán*, resolve Phlegm
64. 消痞 *xiāo pǐ*, —
65. 理氣 *lǐ qì*, —

VI. Li's Terminology (1993/1997)

1. 陰陽 *yīn yáng*, yin, yang
2. 五行 *xíng*, five elements: 木 *mù*, —; 火 *huǒ*, —; 土 *tǔ*, —; 金 *jīn*, —; 水 *shuǐ*, —
3. 血 *xuè*, blood
4. 精 *jīng*, essence
5. 神 *shén*, spirit
6. 氣 *qì*, qi: 衛氣 *wèi qì*, wei qi 營氣 *yíng qì*, ying qi 大氣 *dà qì*, —; 宗氣 *zōng qì*, —; 真氣 *zhēn qì*, —; 精氣 *jīng qì*, —; 穀氣 *gǔ qì*, —; 原氣 *yuán qì*, —; 元氣 *yuán qì*, primordial qi; 經氣 *jīng qì*, meridian qi; 正氣 *zhèng qì*, healthy qi; 邪氣 *xié qì*, pathogen
7. 臟 *zàng*, viscera: 肝 *gān*, liver, comb. hepato-; 心 *xīn*, heart, comb. cardio- 脾 *pí*, spleen; 肺 *fèi*, lung; 腎 *shèn*, kidney, comb. nephro-; 心包絡 *xīn bāo luò*, pericardium
8. 腑 *fǔ*, fu: 膽 *dǎn*, gallbladder; 小腸 *xiǎo cháng*, small intestine; 胃 *wèi*, stomach, comb. gastro-; 大腸 *dà cháng*, large intestine; 膀胱 *páng guāng*, bladder; 三焦 *sān jiāo*, triple energiser

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, muscle (?) 血脈 *xuè mài*, blood and vessels; 肉 *ròu*, muscle; 皮毛 *pí máo*, —; 骨 *gǔ*, bone, comb. osteo-
10. 味 *wèi*, flavour: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, —; 鹹 *xián*, salty; 淡 *dàn*, bland
11. 津液 *jīn yè*, body fluid: 淚 *lèi*, —; 汗 *hàn*, —; 涎 *xián*, —; 涕 *tì*, —; 唾 *tuò*, —
12. 裡 *lǐ*, interior
13. 表 *biǎo*, exterior, superficies
14. 命門 *mìng mén*, vitaport
15. 君火 *jūn huǒ*, —
16. 相火 *xiàng huǒ*, —
17. 九竅 *jiǔ qiào*, nine orifices
18. 經絡 *jīng luò*, meridian and collateral: 經脈 *jīng mài*, meridian; 絡脈 *luò mài*, collateral; 太陽 *tài yáng*, taiyang; 陽明 *yáng míng*, yangming; 少陽 *shào yáng*, shaoyang; 太陰 *tài yīn*, taiyin; 少陰 *shào yīn*, shaoyin; 厥陰 *jué yīn*, jueyin
19. 奇經八脈 *qí jīng bā mài*, —: 督脈 *dū mài*, —; 任脈 *rèn mài*, —; 衝脈 *chōng mài*, —; 帶脈 *dài mài*, —
20. 經筋 *jīng jīn*, —
21. 六淫 *liù yín*, six pathogens: 風 *fēng*, wind, comb. ameno-; 寒 *hán*, cold, comb. cryo-; 暑 *shǔ*, summer-heat; 濕 *shī*, dampness; 燥 *zào*, —, comb. hygro-; 火 *huǒ*, —, comb. pyro-
22. 痰 *tán*, phlegm
23. 痰飲 *tán yǐn*, —
24. 氣滯 *qì zhì*, qi stagnation
25. 血瘀 *xuè yū*, blood stasis
26. 心下痞 *xīn xià pǐ*, —
27. 遺尿 *yí niào*, enuresis
28. 喘促 *chuǎn cù*, —
29. 帶下 *dài xià*, leukorrhoea
30. 心煩 *xīn fán*, —
31. 煩燥 *fán zào*, —
32. 拘急 *jū jí*, muscular stiffness
33. 納呆 *nà dāi*, —
34. 奔豚 *bēn tún*, —
35. 骨蒸 *gǔ zhēng*, —
36. 結胸 *jié xiōng*, —
37. 中風 *zhòng fēng*, apoplexy
38. 霍亂 *huò luàn*, —
39. 痺 *bì*, arthralgia
40. 風痺 *fēng bì*, anemogenous arthralgia
41. 痿證 *wěi zhèng*, flaccid syndrome
42. 淋證 *lín zhèng*, stranguria
43. 石淋 *shí lín*, stony stranguria
44. 消渴 *xiāo kě*, diabetes
45. 崩漏 *bēng lòu*, metrorrhagia

46. 風熱眼痛 *fēng rè yǎn tòng*, acute conjunctivitis
47. 風熱頭痛 *fēng rè tóu tòng*, —
48. 丹毒 *dān dú*, acute skin infection
49. 虛實 *xū shí*, asthenia, sthenia
50. 肝氣犯胃 *gān qì fàn wèi*, —
51. 濕困脾陽 *shī kùn pí yáng*, —
52. 風熱束肺 *fēng rè shù fèi*, —
53. 化火 *huà huǒ*, generating fire
54. 肝陽化火 *gān yáng huà huǒ*, —
55. 命門火衰 *mìng mén huǒ shuāi*, —
56. 補、瀉 *bǔ 、 xiè*, tonify, —
57. 回陽救逆 *huí yáng jiù nì*, —
58. 開竅 *kāi qiào*, —
59. 養心安神 *yǎng xīn ān shén*, —
60. 降氣 *jiàng qì*, —
61. 破血 *pò xuè*, —
62. 祛瘀活血 *qū yū huó xuè*, —
63. 化痰 *huà tán*, eliminate phlegm
64. 消痞 *xiāo pǐ*, —
65. 理氣 *lǐ qì*, regulating qi

VII. Unschuld's Terminology (1995)

Note that asterisked items were not contained in Unschuld 1995, but were kindly supplied by the author.

1. 陰陽 *yīn yáng*, yin, yang
2. 五行 *xíng*, five phases: 木 *mù*, wood; 火 *huǒ*, fire; 土 *tǔ*, soil; 金 *jīn*, metal; 水 *shuǐ*, water
3. 血 *xuè*, blood
4. 精 *jīng*, essence
5. 神 *shén*, spirit
6. 氣 *qì*, qi: 衛氣 *wèi qì*, defence qi; 營氣 *yíng qì*, constructive qi; 大氣 *dà qì*, great qi*; 宗氣 *zōng qì*, ancestral qi; 真氣 *zhēn qì*, true qi; 精氣 *jīng qì*, essential qi; 穀氣 *gǔ qì*, grain qi*; 原氣 *yuán qì*, —: 元氣 *yuán qì*, original qi; 經氣 *jīng qì*, —; 正氣 *zhèng qì*, proper qi; 邪氣 *xié qì*, evil qi
7. 臟 *zàng*, depots: 肝 *gān*, liver; 心 *xīn*, heart; 脾 *pí*, spleen; 肺 *fèi*, lung; 腎 *shèn*, kidney; 心包絡 *xīn bāo luò*, heart-enclosing network
8. 腑 *fǔ*, palaces: 膽 *dǎn*, gallbladder; 小腸 *xiǎo cháng*, small intestine; 胃 *wèi*, stomach; 大腸 *dà cháng*, large intestine; 膀胱 *páng guāng*, bladder; 三焦 *sān jiāo*, triple burner
9. 五臟所主 *wǔ zàng suǒ zhǔ*, —: 筋 *jīn*, sinew; 血脈 *xuè mài*, blood and vessels; 肉 *ròu*, flesh; 皮毛 *pí máo*, skin and body hair; 骨 *gǔ*, bone;
10. 味 *wèi*, flavor: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, acrid; 鹹 *xián*, salty; 淡 *dàn*, bland
11. 津液 *jīn yè*, body liquids: 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, drool; 涕 *tì*, snivel, nasal mucus; 唾 *tuò*, spittle
12. 裡 *lǐ*, inside

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13. 表 *biǎo*, outside
14. 命門 *mìng mén*, gate of life
15. 君火 *jūn huǒ*, ruler fire
16. 相火 *xiàng huǒ*, minister fire
17. 九竅 *jiǔ qiào*, nine orifices
18. 經絡 *jīng luò*, conduits and network [vessels]: 經脈 *jīng mài*, conduit 絡脈 *luò mài*, network vessel 太陽 *tài yáng*, major yang; 陽明 *yáng míng*, yang brilliance; 少陽 *shào yáng*, minor yang; 太陰 *tài yīn*, major yin; 少陰 *shào yīn*, minor yin; 厥陰 *jué yīn*, ceasing yin
19. 奇經八脈 *qí jīng bā mài*, eight extraordinary conduit vessels: 督脈 *dū mài*, supervisor vessel*; 任脈 *rèn mài*, controller vessel*; 衝脈 *chōng mài*, thoroughfare vessel*; 帶脈 *dài mài*, belt vessel*
20. 經筋 *jīng jīn*, —
21. 六淫 *liù yín*, six excesses: 風 *fēng*, wind; 寒 *hán*, cold; 暑 *shǔ*, summerheat; 濕 *shī*, dampness; 燥 *zào*, dryness; 火 *huǒ*, fire
22. 痰 *tán*, phlegm
23. 痰飲 *tán yǐn*, phlegm drink
24. 氣滯 *qì zhì*, qi sluggishness
25. 血瘀 *xuè yū*, blood stagnation
26. 心下痞 *xīn xià pǐ*, blockage below the heart*
27. 遺尿 *yí niào*, enuresis
28. 喘促 *chuǎn cù*, panting
29. 帶下 *dài xià*, [medicine concerned with diseases] below the belt*
30. 心煩 *xīn fán*, vexation of the heart
31. 煩燥 *fán zào*, vexation
32. 拘急 *jū jí*, hypertonicity
33. 納呆 *nà dāi*, —
34. 奔豚 *bēn tún*, running piglets
35. 骨蒸 *gǔ zhēng*, steaming bones
36. 結胸 *jié xiōng*, accumulation (of qi) in the chest
37. 中風 *zhòng fēng*, struck by wind
38. 霍亂 *huò luàn*, cholera*
39. 痺 *bì*, paralysis
40. 風痺 *fēng bì*, wind paralysis
41. 痿證 *wěi zhèng*, stiffness
42. 淋證 *lín zhèng*, strangury
43. 石淋 *shí lín*, stone strangury
44. 消渴 *xiāo kě*, wasting and thirst*
45. 崩漏 *bēng lòu*, breakdown with leakage*
46. 風熱眼 *fēng rè yǎn*, wind-heat eye*
47. 風熱頭痛 *fēng rè tóu tòng*, wind-heat headache*
48. 丹毒 *dān dú*, —
49. 虛實 *xū shí*, depletion and repletion
50. 肝氣犯胃 *gān qì fàn wèi*, liver qi invading the stomach*

51. 濕困脾陽 *shī kùn pí yáng*, —
52. 風熱束肺 *fēng rè shù fèi*, —
53. 化火 *huà huǒ*, transformation resulting from the qì of fire*
54. 肝陽化火 *gān yáng huà huǒ*, liver yang transforming into fire*
55. 命門火衰 *mìng mén huǒ shuāi*, debilitation of the life gate fire??*
56. 補、瀉 *bǔ 、 xiè*, supplement, drain
57. 回陽救逆 *huí yáng jiù nì*, —
58. 開竅 *kāi qiào*, open the orifices*
59. 養心安神 *yǎng xīn ān shén*, nourish the heart and pacify the spirit*
60. 降氣 *jiàng qì*, make qì descend*
61. 破血 *pò xuè*, break blockages caused by blood*
62. 祛瘀活血 *qū yū huó xuè*, ?? and make the blood flow
63. 化痰 *huà tán*, transform phlegm
64. 消痞 *xiāo pǐ*, dissolve blockage*
65. 理氣 *lǐ qì*, regulate the flow of qì*

VIII. Wiseman's Terminology (1995)

1. 陰陽 *yīn yáng*, yīn, yáng
2. 五行 *xíng*, five phases: 木 *mù*, wood; 火 *huǒ*, fire; 土 *tǔ*, earth; 金 *jīn*, metal; 水 *shuǐ*, water
3. 血 *xuè*, blood
4. 精 *jīng*, essence
5. 神 *shén*, spirit
6. 氣 *qì*, qì: 衛氣 *wèi qì*, defence qì; 營氣 *yíng qì*, constructive qì; 大氣 *dà qì*, greater qì; 宗氣 *zōng qì*, ancestral qì; 真氣 *zhēn qì*, true qì; 精氣 *jīng qì*, essential qì; 穀氣 *gǔ qì*, grain qì; 原氣 *yuán qì*, source qì; 元氣 *yuán qì*, original qì; 經氣 *jīng qì*, channel qì; 正氣 *zhèng qì*, right qì; 邪氣 *xié qì*, evil qì
7. 臟 *zàng*, viscera: 肝 *gān*, liver; 心 *xīn*, heart; 脾 *pí*, spleen; 肺 *fèi*, lung; 腎 *shèn*, kidney; 心包絡 *xīn bāo luò*, pericardiac network
8. 腑 *fǔ*, bowels: 膽 *dǎn*, gallbladder; 小腸 *xiǎo cháng*, small intestine; 胃 *wèi*, stomach; 大腸 *dà cháng*, large intestine; 膀胱 *páng guāng*, bladder; 三焦 *sān jiāo*, triple burner
9. 五臟所主 *wǔ zàng suǒ zhǔ*, governings of the five viscera: 筋 *jīn*, sinew; 血脈 *xuè mài*, blood and vessels; 肉 *ròu*, flesh; 皮毛 *pí máo*, skin and body hair; 骨 *gǔ*, bone
10. 味 *wèi*, flavor: 酸 *suān*, sour; 苦 *kǔ*, bitter; 甘 *gān*, sweet; 辛 *xīn*, acrid; 鹹 *xián*, salty; 淡 *dàn*, bland
11. 津液 *jīn yè*, liquid and humour (fluid): 淚 *lèi*, tears; 汗 *hàn*, sweat; 涎 *xián*, drool; 涕 *tì*, snivel, nasal mucus; 唾 *tuò*, spittle
12. 裡 *lǐ*, interior
13. 表 *biǎo*, exterior
14. 命門 *mìng mén*, life gate
15. 君火 *jūn huǒ*, sovereign fire
16. 相火 *xiàng huǒ*, ministerial fire
17. 九竅 *jiǔ qiào*, nine orifices
18. 經絡 *jīng luò*, channels and network vessels: 經脈 *jīng mài*, channel; 絡脈 *luò mài*, network

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

- vessel; 太陽 *tài yáng*, greater yáng; 陽明 *yáng míng*, yáng brightness; 少陽 *shào yáng*, lesser yáng; 太陰 *tài yīn*, greater yīn; 少陰 *shào yīn*, lesser yīn; 厥陰 *jué yīn*, reverting yīn
19. 奇經八脈 *qí jīng bā mài*, extraordinary vessels: 督脈 *dū mài*, governing vessel; 任脈 *rèn mài*, controlling vessel; 衝脈 *chōng mài*, thoroughfare vessel; 帶脈 *dài mài*, girdling vessel
20. 經筋 *jīng jīn*, channel sinews
21. 六淫 *liù yín*, six excesses: 風 *fēng*, wind; 寒 *hán*, cold; 暑 *shǔ*, summerheat; 濕 *shī*, dampness; 燥 *zào*, dryness; 火 *huǒ*, fire
22. 痰 *tán*, phlegm
23. 痰飲 *tán yǐn*, phlegm-rheum
24. 氣滯 *qì zhì*, qi stagnation
25. 血瘀 *xuè yū*, blood stasis
26. 心下痞 *xīn xià pǐ*, glomus below the heart
27. 遺尿 *yí niào*, enuresis
28. 喘促 *chuǎn cù*, panting
29. 帶下 *dài xià*, vaginal discharge
30. 心煩 *xīn fán*, vexation
31. 煩燥 *fán zào*, vexation and agitation
32. 拘急 *jū jí*, hypertonicity
33. 納呆 *nà dāi*, torpid intake
34. 奔豚 *bēn tún*, running piglet
35. 骨蒸 *gǔ zhēng*, steaming bone
36. 結胸 *jié xiōng*, chest bind
37. 中風 *zhòng fēng*, wind stroke
38. 霍亂 *huò luàn*, cholera; sudden turmoil
39. 痺 *bì*, impediment
40. 風痺 *fēng bì*, wind impediment
41. 痿證 *wěi zhèng*, wilting
42. 淋證 *lín zhèng*, strangury
43. 石淋 *shí lín*, stone strangury
44. 消渴 *xiāo kě*, dispersion-thirst
45. 崩漏 *bēng lòu*, flooding and spotting
46. 風熱眼 *fēng rè yǎn*, wind-fire eye
47. 風熱頭痛 *fēng rè tóu tòng*, wind-heat headache
48. 丹毒 *dān dú*, cinnabar toxin
49. 虛實 *xū shí*, vacuity and repletion
50. 肝氣犯胃 *gān qì fàn wèi*, liver qi invading the stomach
51. 濕困脾陽 *shī kùn pí yáng*, dampness encumbering spleen yang
52. 風熱束肺 *fēng rè shù fèi*, wind-heat fettering the lung
53. 化火 *huà huǒ*, transformation into fire
54. 肝陽化火 *gān yáng huà huǒ*, liver yáng transforming into fire
55. 命門火衰 *mìng mén huǒ shuāi*, debilitation of the life gate fire
56. 補、瀉 *bǔ 、 xiè*, supplement, drain
57. 回陽救逆 *huí yáng jiù nì*, return yáng and stem counterflow

TRANSLATION OF CHINESE MEDICAL TERMS

- 58. 開竅 *kāi qiào*, open the orifices
- 59. 養心安神 *yǎng xīn ān shén*, nourish the heart and calm the spirit
- 60. 降氣 *jiàng qì*, downbear qì
- 61. 破血 *pò xuè*, break qì
- 62. 祛瘀活血 *qū yū huó xuè*, dispel stasis and quicken the blood
- 63. 化痰 *huà tán*, transform phlegm
- 64. 消痞 *xiāo pǐ*, disperse glomus
- 65. 理氣 *lǐ qì*, rectify qì

APPENDIX III: SOURCE-ORIENTATION OF THE PROPOSED ENGLISH EQUIVALENTS OF CHINESE MEDICAL TERMS

This appendix contains the list of terms with their proposed English equivalents the forms the basis of the study contained in Chapter 8. Each entry is head with a mark showing its term formation category, as follows:

- | | |
|----------------------|---------------------------------|
| Ⓔ LGP/WM equivalents | Ⓓ Loan-translations |
| ① Loans | ① Source-independent formations |

sexual: Single underlining marks a changed element in a loan translation.

vessels: Double underlining marks a word added in the translation process.

An asterisk following an English term indicates that the English term is the equivalent of two or more (e.g., ① tongue body* ① 舌質, ① 舌體).

Yīn-Yáng and Five Phases	Ⓔ skin and [body] hair, 皮毛	Ⓔ snivel, ⑨ nasal mucus, 涕 <i>tì</i>
① yīn, 陰 <i>yīn</i>	<i>pí máo</i>	Ⓔ spittle, 唾 <i>tuò</i>
① yáng, 陽 <i>yáng</i>	Ⓔ bone, 骨 <i>gǔ</i>	Ⓔ sour, 酸 <i>suān</i>
Ⓔ wood, 木 <i>mù</i>	Ⓔ eye, 目 <i>mù</i> , ⑨ 眼 <i>yǎn</i>	Ⓔ bitter, 苦 <i>kǔ</i>
Ⓔ fire, 火 <i>huǒ</i>	Ⓔ tongue, 舌 <i>shé</i>	Ⓔ sweet, 甘 <i>gān</i>
Ⓔ earth, 土 <i>tǔ</i>	Ⓔ lip, 唇 <i>chún</i> , ⑨ 口唇 <i>kǒu</i>	Ⓔ acrid, 辛 <i>xīn</i>
Ⓔ metal, 金 <i>jīn</i>	<i>chún</i>	Ⓔ salty, 鹹 <i>xián</i>
Ⓔ water, 水 <i>shuǐ</i>	Ⓔ nose, 鼻 <i>bí</i>	Ⓔ anger, 怒 <i>nù</i>
Ⓔ liver, 肝 <i>gān</i>	Ⓔ ear, 耳 <i>ěr</i>	Ⓔ joy, 喜 <i>xǐ</i>
Ⓔ heart, 心 <i>xīn</i>	Ⓔ helix, 耳輪 <i>ěr lún</i>	Ⓔ thought, 思 <i>sī</i>
Ⓔ spleen, 脾 <i>pí</i>	① green-blue, 青 <i>qīng</i>	Ⓔ anxiety, 憂 <i>yōu</i>
Ⓔ lung, 肺 <i>fèi</i>	Ⓔ red, 赤 <i>chì</i>	Ⓔ fear, 恐 <i>kǒng</i>
Ⓔ kidney, 腎 <i>shèn</i>	Ⓔ yellow, 黃 <i>huáng</i>	
Ⓔ sinew, 筋 <i>jīn</i>	Ⓔ white, 白 <i>bái</i>	Body Parts and Bodily
Ⓔ vessel, 脈 <i>mài</i>	Ⓔ black, 黑 <i>hēi</i>	Substances
Ⓔ flesh, 肌 <i>jī</i> , ⑨ 肉 <i>ròu</i> , ⑨ 肌	Ⓔ tears, 淚 <i>lèi</i>	Ⓔ stomach, ⑨ gastr-, 胃 <i>wèi</i>
肉 <i>jī ròu</i>	Ⓔ sweat, 汗 <i>hàn</i>	Ⓔ small intestine, 小腸 <i>xiǎo</i>

TRANSLATION OF CHINESE MEDICAL TERMS

③ large intestine, 大腸 <i>dà cháng</i>	① belong the heart, 心下 <i>xīn xià</i>	① defence qì, 衛氣 <i>wèi qì</i>
③ pericardium, 心包絡 <i>xīn bāo luò</i>	① <u>stomach</u> duct, 脘 <i>wǎn</i>	① right qì, 正氣 <i>zhèng qì</i>
③ gallbladder, 膽 <i>dǎn</i>	① stomach <u>duct</u> , 胃脘 <i>wèi wǎn</i>	① evil qì, 邪氣 <i>xié qì</i>
③ bladder, 膀胱 <i>páng guāng</i>	③ abdomen, 腹 <i>fù</i> , <i>adj.</i> abdominal	① original qì, 元氣 <i>yuán qì</i>
① triple burner, 三焦 <i>sān jiāo</i>	① greater abdomen, 大腹 <i>dà fù</i>	① ancestral qì, 宗氣 <i>zōng qì</i>
③ body, 身 <i>shēn</i> , ③ 體 <i>tǐ</i> , ③ 形體 <i>xíng tǐ</i>	① smaller abdomen, 小腹 <i>xiǎo fù</i>	① bowel and visceral qì, 臟腑之氣 <i>zàng fǔ zhī qì</i>
③ body, ③ physical, 形 <i>xíng</i>	① lesser abdomen, 少腹 <i>shào fù</i>	③ channel and network <u>vessel</u> qì, 經絡之氣 <i>jīng luò zhī qì</i>
③ head, 頭 <i>tóu</i>	③ shoulder, 肩 <i>jiān</i>	① qì transformation, 氣化 <i>qì huà</i>
③ face, 面 <i>miàn</i> , <i>adj.</i> facial	③ back, 背 <i>bèi</i>	③ spirit, 神 <i>shén</i>
③ fontanel, 囟 <i>xìn</i>	③ diaphragm, 膈 <i>gé</i> , <i>adj.</i> diaphragmatic	① liquid and humour, ① fluids, 津液 <i>jīn yè</i>
③ anterior fontanel, ① fontanel gate, 囟門 <i>xìn mén</i>	③ lumbar, 腰 <i>yāo</i> , <i>adj.</i> lumbar	③ stool, ③ fecal, 大便 <i>dà biàn</i> , ③ defecation, 大便 <i>dà biàn</i>
③ mouth, ③ oral, 口 <i>kǒu</i>	③ limb, 肢 <i>zhī</i>	③ urine, <i>adj.</i> urinary, ③ voiding, 小便 <i>xiǎo biàn</i>
③ tooth, 齒 <i>chǐ</i> , ③ 牙 <i>yá</i> , ③ 牙齒 <i>yá chǐ</i> , ③ 齒牙 <i>chǐ yá</i>	③ hand, ③ arm, 手 <i>shǒu</i>	③ urine, 尿 <i>niào</i> , <i>adj.</i> urinary
③ gum, 齦 <i>yín</i> , ③ 齒齦 <i>chǐ yín</i>	③ foot, ③ leg, 足 <i>zú</i>	
③ neck, 頸 <i>jǐng</i>	③ leg, 腿 <i>tuǐ</i>	
③ nape, 項 <i>xiàng</i>	③ knee, 膝 <i>xī</i>	
③ pharynx, <i>adj.</i> pharyngeal, ③ throat, 咽 <i>yān</i>	③ elbow, 肘 <i>zhǒu</i>	Causes of Disease
③ larynx, <i>adj.</i> laryngeal, ③ throat, 喉 <i>hóu</i>	③ ankle, 踝 <i>huái</i>	① three causes (of disease), 三因 <i>sān yīn</i>
① throat node, 喉核 <i>hóu hé</i>	③ wrist, 腕 <i>wàn</i>	① internal cause, 內因 <i>nèi yīn</i>
① throat pass, 喉關 <i>hóu guān</i>	① life gate, 命門 <i>mìng mén</i>	① internal damage by the seven affects, ① affect damage, 內傷七情 <i>nèi shāng qī qíng</i>
③ uvula, 懸雍垂 <i>xuán yōng chuí</i>	① gāo-huāng, 膏肓 <i>gāo huāng</i>	① external cause, 外因 <i>wài yīn</i>
③ epiglottis, 會厭 <i>huì yàn</i>	① membrane source, 膜原 <i>mó yuán</i>	① <u>neutral</u> cause, 不內外因 <i>bù nèi wài yīn</i>
① laryngeal <u>prominence</u> , 結喉 <i>jié hóu</i>	③ interstice, 腠理 <i>còu lǐ</i>	① six excesses, 六淫 <i>liù yín</i>
③ chest, 胸 <i>xiōng</i> , <i>adj.</i> thoracic	③ orifice, 竅 <i>qiào</i>	③ wind, 風 <i>fēng</i>
① rib-side, 脅 <i>xié</i>	③ essence, ③ seminal, 精 <i>jīng</i>	③ cold, 寒 <i>hán</i>
① Vacuous Li, 虛里 <i>xū lǐ</i>	① qì, 氣 <i>qì</i>	
	① source qì, 原氣 <i>yuán qì</i>	
	① <u>construction</u> qì, 營氣 <i>yíng qì</i>	

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

③ damp(ness), 濕 <i>shī</i>	① channels and network	① yáng springing vessel, 陽
③ dryness, 燥 <i>zào</i>	<u>vessels</u> , 經絡 <i>jīng luò</i>	蹻 (蹻) 脈 <i>yáng qiāo</i>
③ fire, 火 <i>huǒ</i>	① twelve channels, 十二經	<i>mài</i>
① warm evil, 溫邪 <i>wēn xié</i>	<i>shí èr jīng</i>	① yīn linking vessel, 陰維脈
① pestilential qì, 癘氣 <i>lì qì</i>	① twelve channel sinews, 十	<i>yīn wéi mài</i>
③ toxin, 毒 <i>dú</i>	二經筋 <i>shí èr jīng jīn</i>	① yáng linking vessel, 陽維
① static blood, 瘀血 <i>yū xuè</i>	① network <u>vessel</u> , 絡脈 <i>luò</i>	脈 <i>yáng wéi mài</i>
① blood stasis, 血瘀 <i>xuè yū</i>	<i>mài</i>	① <u>acupuncture point</u> , 穴道
③ phlegm, 痰 <i>tán</i>	① fifteen network <u>vessels</u> , 十	<i>xué dào</i>
① rheum, 飲 <i>yǐn</i>	五絡 <i>shí wǔ luò</i>	① body inch, 同身寸 <i>tóng</i>
① water-damp, 水濕 <i>shuǐ shī</i>	① superficial network <u>vessel</u> , 浮絡 <i>fú luò</i>	<i>shēn cùn</i>
① dietary irregularities, 飲食 不節 <i>yǐn shí bù jié</i>	① grandchild network <u>vessel</u> , 孫絡 <i>sūn luò</i>	① <u>homing and netting</u> , 屬絡 <i>shǔ luò</i>
① voracious eating and drinking, 暴飲暴食 <i>bào</i> <i>yǐn bào shí</i>	① great network <u>vessel</u> of the spleen, 脾之大絡 <i>pí zhī</i> <i>dà luò</i>	① intersection <u>point</u> , 交會穴 <i>jiāo huì xué</i>
① excessive consumption of raw and cold <u>foods</u> , 過食 生冷 <i>guò shí shēng lěng</i>	① great network <u>vessel</u> of the stomach, 胃之大絡 <i>wèi</i> <i>zhī dà luò</i>	① back transport <u>point</u> , 背俞 <i>bèi shū</i>
① excessive consumption of sweet and fatty <u>foods</u> , 過 食肥甘 <i>guò shí féi gān</i>	① greater yáng, 太陽 <i>tài yáng</i>	① alarm <u>point</u> , ① mustering <u>point</u> , 募穴 <i>mù xué</i>
① predilection for greasy and rich <u>foods</u> , 偏嗜油膩厚 味 <i>piān shì yóu nì hòu wèi</i>	① yáng brightness, 陽明 <i>yáng</i> <i>míng</i>	① source <u>point</u> , 原穴 <i>yuán</i> <i>xué</i>
① excessive consumption of hot-spicy acrid <u>foods</u> , 過 食辛辣 <i>guò shí xīn là</i>	① lesser yáng, 少陽 <i>shào</i> <i>yáng</i>	① connecting <u>point</u> , 絡穴 <i>luò</i> <i>xué</i>
① knocks and falls, 跌打 <i>dié</i> <i>dǎ</i>	① greater yáng, 太陰 <i>tài yīn</i>	① lower uniting <u>point</u> , 下合 穴 <i>xià hé xué</i>
① sexual intemperance, 房室 不節 <i>fáng shì bù jié</i>	① lesser yīn, 少陰 <i>shào yīn</i>	① five transport <u>points</u> , 五俞 穴 <i>wǔ shū xué</i>
① taxation fatigue, 勞倦 <i>láo</i> <i>juàn</i>	① reverting yīn, 厥陰 <i>jué yīn</i>	① four command <u>points</u> , 四總 穴 <i>sì zǒng xué</i>
	① controlling vessel, 任脈 <i>rèn mài</i>	
	① governing vessel, 督脈 <i>dū</i> <i>mài</i>	
	① thoroughfare vessel, 衝脈 <i>chōng mài</i>	
	① girdling vessel, 帶脈 <i>dài</i> <i>mài</i>	
	① yīn springing vessel, 陰蹻 (蹻) 脈 <i>yīn qiāo</i>	
Channels and Network		Bowels and Viscera
		① heart belongs to fire, 心屬 火 <i>xīn shǔ huǒ</i>
		① heart and small intestine stand in interior-exterior relationship, 心與小腸相 表裡 <i>xīn yǔ xiǎo cháng</i> <i>xiāng biǎo lǐ</i>

TRANSLATION OF CHINESE MEDICAL TERMS

- vessels, 心主血脈 *xīn zhǔ xuè mài*
- ⑩ heart stores the spirit, 心藏神 *xīn cáng shén*
- ⑩ heart opens at the tongue, 心開竅於舌 *xīn kāi qiào yú shé*
- ⑩ lung belongs to metal, 肺屬金 *fèi shǔ jīn*
- ⑩ lung and large intestine stand in interior-exterior relationship, 肺與大腸相表裡 *fèi yǔ dà cháng xiāng biǎo lǐ*
- ⑩ lung governs qì, 肺主氣 *fèi zhǔ qì*
- ⑩ lung governs depurative downbearing, 肺主肅降 *fèi zhǔ sù jiàng*
- ⑩ lung governs regulation of the waterways, 肺主通調水道 *fèi zhǔ tōng tiáo shuǐ dào*
- ⑩ lung governs the skin and [body] hair, 肺主皮毛 *fèi zhǔ pí máo*
- ⑩ lung opens at the nose, 肺開竅於鼻 *fèi kāi qiào yú bí*
- ⑩ spleen belongs to earth, 脾屬土 *pí shǔ tǔ*
- ⑩ spleen and stomach stand in interior-exterior relationship, 脾與胃相表裡 *pí yǔ wèi xiāng biǎo lǐ*
- ⑩ spleen governs movement and transformation, 脾主運化 *pí zhǔ yùn huà*
- ⑩ spleen governs upbearing of the clear, 脾主升清 *pí zhǔ shēng qīng*
- ⑩ spleen governs the flesh and limbs, 脾主肌肉、四肢 *pí zhǔ jī ròu、sì zhī*
- ⑩ spleen. . . its bloom is in the lips, 脾. . . 其華在唇 *pí. . . qí huá zài chún*
- ⑩ spleen opens at the mouth, 脾開竅於口 *pí kāi qiào yú kǒu*
- ⑩ stomach governs intake, 胃主受納 *wèi zhǔ shòu nà*
- ⑩ stomach governs decomposition,
- ⑩ stomach governs ripening and rotting, 胃主腐熟 *wèi zhǔ fǔ shú*
- ⑩ stomach governs downbearing of the turbid, 胃主降濁 *wèi zhǔ jiàng zhuó*
- ⑩ small intestine governs separation of the clear and turbid, 小腸主分別清濁 *xiǎo cháng zhǔ fēn bié qīng zhuó*
- ⑩ large intestine governs the conveyance and transformation of waste, 大腸主傳化糟粕 *dà cháng zhǔ chuán huà zāo pò*
- ⑩ liver belongs to wood, 肝屬木 *gān shǔ mù*
- ⑩ liver and gallbladder stand in interior-exterior relationship, 肝與膽相表裡 *gān yǔ dǎn xiāng biǎo lǐ*
- ⑩ liver governs free coursing, 肝主疏泄 *gān zhǔ shū xiè*
- ⑩ liver stores blood, 肝藏血 *gān cáng xuè*
- ⑩ liver governs the sinews, 肝主筋 *gān zhǔ jīn*
- ⑩ liver. . . its bloom is in the nails, 肝. . . 其華在爪 *gān. . . qí huá zài zhǎo*
- ⑩ liver opens at the eyes, 肝開竅於目 *gān kāi qiào yú mù*
- ⑩ liver is the unyielding viscus, 肝爲剛臟 *gān wéi gāng zàng*
- ⑩ kidney belongs to water, 腎屬水 *shèn shǔ shuǐ*
- ⑩ kidney governs water, 腎主水 *shèn zhǔ shuǐ*
- ⑩ kidney and bladder stand in interior-exterior relationship, 腎與膀胱相表裡 *shèn yǔ páng guāng xiāng biǎo lǐ*
- ⑩ kidney stores essence, 腎藏精 *shèn cáng jīng*
- ⑩ kidney governs opening and closing, 腎主開闔 *shèn zhǔ kāi hé*
- ⑩ kidney opens at the ears, 腎開竅於耳 *shèn kāi qiào yú ěr*
- ⑩ kidney opens at the two

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

yīn, 腎開竅於二陰 <i>shèn</i> <i>kāi qiào yú èr yīn</i>	① heavy body, ① generalised heaviness, 身重 <i>shēn</i> <i>zhòng</i>	twitching flesh, 筋惕肉瞤 <i>jīn tì ròu rùn</i>
① kidney... its bloom is in the hair (of the head), 腎 ... 其華在髮 <i>shèn... qí</i> <i>huá zài fà</i>	① fatigued cumbersome limbs, 四肢困倦 <i>sì zhī</i> <i>kùn zhòng</i>	① tension of the sinews, 筋脈 拘急 <i>jīn mài jū jí</i>
① kidney engenders the bone and marrow, 腎生骨髓 <i>shèn shēng gǔ suí</i>	① heavy cumbersome head and body, 頭身困重 <i>tóu</i> <i>shēn kūn zhòng</i>	① rigidity of the neck, 頸項 強直 <i>jǐng xiàng jiàng zhí</i>
① kidney governs the bones, 腎主骨 <i>shèn zhǔ gǔ</i>	① heavy body with difficulty in turning sides, 身重不 易轉側 <i>shēn zhòng bù yì</i> <i>zhuǎn cè</i>	① arched-back rigidity, 角弓 反張 <i>jiǎo gōng fǎn zhāng</i>
① kidney... its fullness is in the bone, 腎... 其充在骨 <i>shèn... qí chōng zài gǔ</i>	① flailing of the arms and legs, 揚手擲足 <i>yáng shǒu</i> <i>zhí zú</i>	① clenched jaw, 口噤 <i>kǒu jìn</i> , ① 牙關緊閉 <i>yá guān jǐn bì</i>
② brain, 腦 <i>nǎo</i>	① agitation, 躁 <i>zào</i>	① clouding collapse, 昏倒 <i>hūn dǎo</i>
② uterus, 子宮 <i>zǐ gōng</i> , ② 女 子胞 <i>nǚ zǐ bāo</i>	② irascibility, 易怒 <i>yì nù</i>	② hemiplegia, 半身不遂 <i>bàn</i> <i>shēn bù suì</i>
① triple burner governs the sluices, 三焦主決瀆 <i>sān</i> <i>jiāo zhǔ jué dú</i>	① mania and agitation, 狂躁 <i>kuáng zào</i>	① shaking of the head, 頭搖 <i>tóu yáo</i>
Four Examinations		① white facial complexion, 面色白 <i>miàn sè bái</i>
① spiritedness, 得神 <i>dé shén</i>	② picking at bedclothes, 循衣 摸床 <i>xún yī mō chuáng</i>	① pale white facial complexion, 面色淡白 <i>miàn sè dàn bái</i>
① spiritlessness, 失神 <i>shī</i> <i>shén</i>	① groping in the air and pulling [<u>invisible</u>] strings, 撮空理線 <i>cuō kōng lǐ xiàn</i>	① somber white facial complexion, 面色蒼白 <i>miàn sè cāng bái</i>
① false spiritedness, 假神 <i>jiǎ</i> <i>shén</i>	① deviated eyes and mouth, 口眼喎斜 <i>kǒu yǎn wāi xié</i>	① bright white facial complexion, 面色皚白 <i>miàn sè huǎng bái</i>
① clouded spirit, 神昏 <i>shén</i> <i>hūn</i>	① tugging and slackening, 癱 瘓 <i>qì zòng</i>	① yellow facial complexion, 面色黃 <i>miàn sè huáng</i>
② obesity, 形體肥胖 <i>xíng tǐ</i> <i>féi pàng</i>	① convulsion of the limbs, 四 肢抽搐 <i>sì zhī chōu chù</i>	① withered-yellow facial complexion, 面色萎黃 <i>miàn sè wěi huáng</i>
② emaciation, 肌肉瘦削 <i>jī</i> <i>ròu shòu xuē</i>	① tugging wind, 抽風 <i>chōu</i> <i>fēng</i>	① green-blue or purple facial complexion, 面色青紫 <i>miàn sè qīng zǐ</i>
① shedding of flesh and loss of bulk, 脫肉破脛 <i>tuō ròu</i> <i>pò jiǒng (jùn)</i>	① tetanic reversal, 驚厥 <i>jīng</i> <i>jué</i>	
① lying in curled-up posture, 向裡蹠臥 <i>xiàng lǐ quán</i>	② jerking, 抽動 <i>chōu dòng</i>	
	① jerking sinews and	

TRANSLATION OF CHINESE MEDICAL TERMS

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|---|---|---|
| ⑩ red facial complexion, 面色紅 <i>miàn sè hóng</i> | ⑩ smooth, bare red tongue, 舌光紅 <i>shé guāng hóng</i> | ⑩ dull eyes, 眼無光彩 <i>yǎn wú guāng cǎi</i> |
| ⑩ red face, 面赤 <i>miàn chì</i> | ⑩ purple tongue, 舌紫 <i>shé zǐ</i> | ⑩ forward-staring eyes, 直視 <i>zhí shì</i> |
| ⑩ black facial complexion, 面色黑 <i>miàn sè hēi</i> | ⑩ stasis speckles, 瘀點 <i>yū diǎn</i> | ⑩ upward staring eyes, 兩目上視 <i>liǎng mù shàng shì</i> |
| ⑩ maculopapular <u>eruption</u> , 斑疹 <i>bān zhěn</i> | ⑩ stasis macules, 瘀斑 <i>yū bān</i> | ⑩ upward staring eyes, 目上視 <i>mù shàng shì</i> |
| ⑩ tongue <u>body</u> *, 舌質 <i>shé zhì</i> , ⑩ 舌體 <i>shé tǐ</i> | ⑩ thick fur, 苔厚 <i>tāi hòu</i> | ⑩ squint, 斜視 <i>xié shì</i> |
| ⑩ enlarged tongue, 舌胖大 <i>shé pàng dà</i> | ⑩ thin fur, 苔薄 <i>tāi bó</i> | ⑩ red eyes, 目赤 <i>mù chì</i> |
| ⑩ dental impressions on the margins of the tongue, 舌邊齒痕 <i>shé biān chǐ hén</i> | ⑩ dry fur, 舌苔干燥 <i>shé tāi gān zào</i> | ⑩ yellow eyes, 目黃 <i>mù huáng</i> |
| ⑩ shrunken tongue, 舌瘦癟 <i>shé shòu biě</i> | ⑩ clean tongue, 舌淨 <i>shé jìng</i> | ⑩ slight swelling of the eye nest, 目窠上微腫 <i>mù kē shàng wēi zhǒng</i> |
| ⑩ prickly tongue, 舌起芒刺 <i>shé qǐ máng cì</i> | ⑩ grimy fur, 苔垢 <i>tāi gòu</i> | ⑩ sunken eyes, 目窠內陷 <i>mù kē nèi xiàn</i> |
| ⑩ fissured tongue, 舌裂 <i>shé liè</i> | ⑩ slimy fur, 苔膩 <i>tāi nì</i> | ⑩ bulging eyes, 眼球外突 <i>yǎn qiú wài tū</i> |
| ⑩ curled tongue, 舌卷 <i>shé juǎn</i> | ⑩ peeling fur, 苔剝 <i>tāi bō</i> | ⑩ flaring nostrils, 鼻翼煽動 <i>bí yì shān dòng</i> |
| ⑩ protrusion and worrying of the tongue, 吐弄舌 <i>tù nòng shé</i> | ⑩ mealy white tongue fur, 舌苔白如積粉 <i>shé tāi bái rú jī fěn</i> | ⑩ pale lips, 口唇淡白 <i>kǒu chún dàn bái</i> |
| ⑩ protrusion of tongue, 吐舌 <i>tù shé</i> | ⑩ white fur, 白苔 <i>bái tāi</i> | ⑩ green-blue or purple lips, 口唇青紫 <i>kǒu chún qīng zǐ</i> |
| ⑩ worrying tongue, 弄舌 <i>nòng shé</i> | ⑩ yellow fur, 黃苔 <i>huáng tāi</i> | ⑩ parched lips, 口唇干焦 <i>kǒu chún gān jiāo</i> |
| ⑩ stiff tongue and impeded speech, 舌強語謇 <i>shé jiàng yǔ jiǎn</i> | ⑩ black fur, 黑苔 <i>hēi tāi</i> | ⑩ gaping corners of the mouth, 口角不閉 <i>kǒu jiǎo bù bì</i> |
| ⑩ pale tongue, 舌淡 <i>shé dàn</i> | ⑩ transforming fur, 苔化 <i>tāi huà</i> | ⑩ drooling from the corners of the mouth, 口角流涎 <i>kǒu jiǎo liú xián</i> |
| ⑩ red tongue, 舌紅 <i>shé hóng</i> | ⑩ bulging fontanel gate, 囟門高突 <i>xìn mén gāo tū</i> | ⑩ clenched jaw, 口噤 <i>kǒu jìn</i> |
| ⑩ crimson tongue, 舌絳 <i>shé jiàng</i> | ⑩ depressed fontanel gate, 囟門下陷 <i>xìn mén xià xiàn</i> | ⑩ sound of phlegm in the throat, 喉中有痰聲 <i>hóu zhōng yǒu tán shēng</i> |
| ⑩ mirror tongue, 鏡面舌 <i>jìng</i> | ⑩ ununited skull, 解顱 <i>jiě lú</i> | |
| | ⑩ retarded closure of the fontanel gate, 囟門遲閉 <i>xìn mén chí bì</i> | |
| | ⑩ shaking of the head, 頭搖 <i>tóu yáo</i> | |
| | ⑩ premature graying of the hair, 頭髮早白 <i>tóu fà zǎo bái</i> | |
| | ⑩ dry hair, 髮枯 <i>fà kū</i> | |
| | ⑩ hair loss, 髮落 <i>fà luò</i> | |

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

① sore swollen throat, 咽喉 腫痛 <i>yān hóu zhǒng tòng</i>	① black stool, 大便黑色 <i>dà biàn hēi sè</i>	① foul-smelling diarrhoea, 腹瀉穢臭 <i>fù xiè huì chòu</i>
① teeth dry as desiccated bones, 牙齒干燥如枯骨 <i>yá chǐ gān zào rú kū gǔ</i>	① clear-food diarrhoea, ① clear-grain diarrhoea, 下利清穀 <i>xià lì qīng gǔ</i>	① hiccough, 呃逆 <i>è nì</i> ② fever, ① heat effusion, 發熱 <i>fā rè</i>
① petalled gums, 齒齦結瓣 <i>chǐ yín jié bàn</i>	① watery stool, 大便水樣 <i>dà biàn shuǐ yàng</i>	① vigorous fever, ① vigorous heat [<u>effusion</u>], 壯熱 <i>zhuàng rè</i>
① vacuous puffy gums, 齒齦虛浮 <i>chǐ yín xū fú</i>	① stool like sheep's droppings, 大便如羊屎 <i>dà biàn rú yáng shǐ</i>	① <u>unsurfaced</u> fever, ① <u>unsurfaced</u> heat, 身熱不揚 <i>shēn rè bù yáng</i>
① loosening of the teeth, 齒牙鬆動 <i>chǐ yá sōng dòng</i>	① frog rale in the throat, 喉中有水雞聲 <i>hóu zhōng yǒu shuǐ jī shēng</i>	① tidal fever, ① tidal heat [<u>effusion</u>], 潮熱 <i>cháo rè</i>
① withered helices, 耳輪枯焦 <i>ěr lún kū jiāo</i>	① heavy turbid voice, 咳聲重濁 <i>ké shēng zhòng zhuó</i>	① vexing heat in the five hearts, 五心煩熱 <i>wǔ xīn fán rè</i>
① copious clear thin phlegm, 痰多清稀 <i>tán duō qīng xī</i>	① laziness to speak, 懶言 <i>lǎn yán</i>	① postmeridian tidal fever, ① postmeridian tidal heat [<u>effusion</u>], 午后潮熱 <i>wǔ hòu cháo rè</i>
① cough with thick yellow phlegm, 咳痰黃稠 <i>ké tán huáng chóu</i>	① rough breathing, 氣粗 <i>qì cū</i> ② shortness of breath, 短氣 <i>duǎn qì</i>	① steaming bone tidal fever, ① 骨蒸潮熱 <i>gǔ zhēng cháo rè</i>
① scant phlegm <u>expectorated</u> with <u>difficulty</u> , 痰少不易咯 <i>tán shǎo bú yì kǎ</i>	① <u>raised-shoulder</u> breathing, 肩息 <i>jiān xī</i>	① heat in the (heart of the) palms and soles, 手足心熱 <i>shǒu zú xīn rè</i>
① phlegm containing blood, 痰中帶血 <i>tán zhōng dài xuè</i>	① sighing, 嘆息 <i>tàn xī</i> ① hoarse voice, 聲音嘶啞 <i>shēng yīn sī yǎ</i>	① aversion to cold, ① chill, 惡寒 <i>wù hán</i>
① <u>expectoration</u> of blood, 咯血 <i>kǎ xuè</i>	① delirious speech, 譫言 <i>zhān yán</i>	① alternating fever and chills, ① alternating [<u>aversion to</u>] cold and heat [<u>effusion</u>], 寒熱往來 <i>hán rè wǎng lái</i>
① runny nose with clear snivel (nasal mucus), 鼻流清涕 <i>bí liú qīng tì</i>	① groaning, 呻吟 <i>shēn yín</i> ② soliloquy, ① talking alone, 獨語 <i>dú yǔ</i>	① aversion to wind, 惡風 <i>wù fēng</i>
① nasal congestion, 鼻塞 <i>bí sāi</i>	② mussitation, ② muttering, 鄭聲 <i>zhèng shēng</i>	① abhorrence of cold, 憎寒 <i>zēng hán</i>
① vomiting of phlegm-rheum, 嘔吐痰飲 <i>ōu tù tán yǐn</i>	② rumbling intestines, 腸鳴 <i>cháng míng</i>	
① thin sloppy stool, 大便稀溏 <i>dà biàn xī táng</i>	① belching of sour putrid (gas), 噯氣酸腐 <i>ài qì suān fǔ</i>	
① precipitation of blood with the stool, 大便下血 <i>dà biàn xià xuè</i>		

TRANSLATION OF CHINESE MEDICAL TERMS

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| ⑩ spontaneous sweating, 自汗 <i>zì hàn</i> | ⑩ aching lumbus and limp knees, 腰痠膝軟 <i>yāo suān xī ruǎn</i> | ⑩ difficult defecation, 便難 <i>biàn nán</i> |
| ⑨ night sweating, 盜汗 <i>dào hàn</i> | ⑩ numbness (and tingling) of the limbs, 四肢麻木 <i>sì zhī má mù</i> | ⑨ diarrhoea, 泄瀉 <i>xiè xiè</i> |
| ⑩ shiver sweating, 戰汗 <i>zhàn hàn</i> | ⑩ fatigue and lack of strength, 倦怠乏力 <i>juàn dài fá lì</i> | ⑩ enduring diarrhoea, 久泄 <i>jiǔ xiè</i> |
| ⑨ headache, 頭痛 <i>tóu tòng</i> | ⑩ physical fatigue and lassitude of spirit, 形倦神怠 <i>xíng juàn shén dài</i> | ⑨ fecal incontinence, 大便失禁 <i>dà biàn shī jìn</i> |
| ⑩ <u>medial</u> headache, 正頭痛 <i>zhèng tóu tòng</i> | ⑩ fatigued limbs, 肢倦 <i>zhī juàn</i> | ⑩ <u>fifth-watch</u> diarrhoea, 五更泄 <i>wǔ gēng xiè</i> |
| ⑩ <u>hemilateral</u> headache, 偏頭痛 <i>piān tóu tòng</i> | ⑩ short voidings of reddish urine, 小便短赤 <i>xiǎo biàn duǎn chì</i> | ⑨ tenesmus, 裡急后重 <i>lǐ jí hòu zhòng</i> |
| ⑩ heavy-headedness, 頭重 <i>tóu zhòng</i> | ⑩ short voidings of scant urine, 小便短少 <i>xiǎo biàn duǎn shǎo</i> | ⑩ ungratifying defecation, 大便不爽 <i>dà biàn bù shuǎng</i> |
| ⑩ head heavy as if swathed, 頭重如裹 <i>tóu zhòng rú guǒ</i> | ⑩ long voidings of clear urine, 小便清長 <i>xiǎo biàn qīng cháng</i> | ⑩ prolapse of the rectum, 脫肛 <i>tuō gāng</i> |
| ⑩ distention in the head, 頭脹 <i>tóu zhàng</i> | ⑩ profuse urination at night, 夜間多尿 <i>yè jiān duō niào</i> | ⑨ thirst, 口渴 <i>kǒu kě</i> |
| ⑩ headache with pulling <u>sensation</u> , 頭痛如掣 <i>tóu tòng rú chè</i> | ⑩ frequent urination, 小便頻數 <i>xiǎo biàn pín shuò</i> | ⑩ dry mouth, 口干 <i>kǒu gān</i> |
| ⑩ dizziness, 眩暈 <i>xuàn yūn</i> | ⑩ <u>inhibited</u> urination, 小便不利 <i>xiǎo biàn bù lì</i> | ⑩ thirst with no desire to drink, 渴不欲飲 <i>kě bù yù yǐn</i> |
| ⑩ dizzy head, 頭暈 <i>tóu yūn</i> | ⑩ dribble <u>after</u> voiding, 尿有餘瀝 <i>niào yǒu yú lì</i> | ⑩ thirst without large <u>fluid intake</u> , 渴不多飲 <i>kě bù duō yǐn</i> |
| ⑩ dizzy vision, 目眩 <i>mù xuàn</i> | ⑨ enuresis, 遺尿 <i>yí niào</i> | ⑩ thirst with a liking for cool drinks, 渴喜涼飲 <i>kě xǐ liáng yǐn</i> |
| ⑩ forgetfulness, 健忘 <i>jiàn wàng</i> | ⑨ urinary incontinence, 小便失禁 <i>xiǎo biàn shī jìn</i> | ⑩ thirst with a liking for hot drinks, 渴喜熱飲 <i>kě xǐ rè yǐn</i> |
| ⑩ heart vexation, 心煩 <i>xīn fán</i> | ⑩ constipation, 便秘 <i>biàn bì</i> | ⑩ great thirst with <u>fluid intake</u> , 大渴引飲 <i>dà kě yǐn yǐn</i> |
| ⑩ joint pain, 關節疼痛 <i>guān jié téng tòng</i> | ⑩ dry bound stool, 大便干結 <i>dà biàn gān jié</i> | ⑩ washing the mouth with water without desire to <u>swallow it</u> , 漱口不欲飲 <i>shù kǒu bù yù yǐn</i> |
| ⑩ lumbar pain, 腰痛 <i>yāo tòng</i> | | ⑨ poor appetite, 食欲不振 <i>shí yù bù zhèn</i> |
| ⑩ aching lumbus, 腰痠 <i>yāo suān</i> | | |
| ⑩ limp lumbus and knees, 腰膝軟弱 <i>yāo xī ruǎn ruò</i> | | |
| ⑩ aching lumbus and limp legs, 腰痠腿軟 <i>yāo suān tuǐ ruǎn</i> | | |

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

① no thought of food and drink, 不思飲食 <i>bù sī yǐn shí</i>	① oppression in the chest, 胸悶 <i>xiōng mèn</i>	① smaller-abdominal pain, 小腹痛 <i>xiǎo fù tòng</i>
① little thought of food and drink, 飲食少思 <i>yǐn shí shǎo sī</i>	① glomus in the chest, 胸痞 <i>xiōng pǐ</i>	① deafness, 耳聾 <i>ěr lóng</i>
① no pleasure in eating, 納穀不香 <i>nà gǔ bù xiāng</i> , ① 納穀不馨 <i>nà gǔ bù xīn</i>	① chest and <u>rib-side</u> fullness, 胸脅苦滿 <i>xiōng xié kǔ mǎn</i>	① hardness of hearing, 重聽 <i>zhòng tīng</i>
① <u>inability to get</u> food down, 食不下 <i>shí bù xià</i>	① heart palpitations, 心悸 <i>xīn jì</i>	① ringing in the ears like the sound of cicadas, 耳鳴如蟬聲 <i>ěr míng rú chán shēng</i>
① inability eat, 不食 <i>bù shí</i>	① fright palpitations, 驚悸 <i>jīng jì</i>	① eye pain, 目痛 <i>mù tòng</i>
① aversion to food, 厭食 <i>yàn shí</i>	① fearful <u>throbbing</u> , 怔忡 <i>zhēng chōng</i>	① flowery vision, 目花 <i>mù huā</i>
① rapacious eating, 貪食 <i>tān shí</i>	① glomus below the heart, 心下痞 <i>xīn xià pǐ</i>	① blurred vision, 目糊 <i>mù hú</i>
① torpid intake, 納呆 <i>nà dāi</i>	① pain in the <u>stomach duct</u> and abdomen that likes pressure, 脘腹喜按 <i>wǎn fù tòng xǐ àn</i>	① dry eyes, 目干澀 <i>mù gān sè</i>
① clamoring stomach, 嘈雜 <i>cáo zá</i>	① pain in the <u>stomach duct</u> and abdomen that refuses pressure, 脘腹拒按 <i>wǎn fù tòng jù àn</i>	① aversion to light, 惡光羞明 <i>wù guāng xiū míng</i>
① harmony of mouth, 口中和 <i>kǒu zhōng hé</i>	① sweet <u>taste in the</u> mouth, 口甜 <i>kǒu tián</i>	① insomnia, 失眠 <i>shī mián</i>
① sour <u>taste in the</u> mouth, 口酸 <i>kǒu suān</i>	① bitter <u>taste in the</u> mouth, 口苦 <i>kǒu kǔ</i>	① sleeplessness, 不得臥 <i>bù dé wò</i>
① acid <u>upflow</u> , 泛酸 <i>fàn suān</i>	① abdominal fullness, 腹滿 <i>fù mǎn</i>	① sleeplessness, 不寐 <i>bù mèi</i>
① swallowing of <u>upflowing</u> acid, 吞酸 <i>tūn suān</i>	① abdominal pain, 腹痛 <i>fù tòng</i>	① profuse dreaming, 多夢 <i>duō mèng</i>
① vomiting of acid, 吐酸 <i>tù suān</i>	① abdominal pain that likes warmth, 腹痛喜溫 <i>fù tòng xǐ wēn</i>	① clouding sleep, 昏睡 <i>hūn shuì</i>
① blood ejection, 吐血 <i>tù xuè</i>	① abdominal pain that refuses pressure, 腹痛拒按 <i>fù tòng jù àn</i>	① somnolence, 嗜眠 <i>shì mián</i>
① nausea, 惡心 <i>ě xīn</i>	① scurrying pain around the umbilicus, 臍周竄痛 <i>qí zhōu cuàn tòng</i>	① drowsiness after eating, 食后困頓 <i>shí hòu kùn dùn</i>
① upflow nausea, 泛惡 <i>fàn ě</i>	① lesser-abdominal pain, 少腹痛 <i>shǎo fù tòng</i>	① seminal loss, 失精 <i>shī jīng</i>
① chest pain, 胸痛 <i>xiōng tòng</i>		① seminal <u>emission</u> , 遺精 <i>yí jīng</i>
① fullness in the chest, 胸滿		① seminal <u>efflux</u> , 滑精 <i>huá jīng</i>
		① dream <u>emission</u> , 夢遺 <i>mèng yí</i>

TRANSLATION OF CHINESE MEDICAL TERMS

- ⑩ seminal emission without dreaming, 不夢而遺 *bù mèng ér yí*
- ⑧ impotence, 陽痿 *yáng wěi*
- ⑧ premature ejaculation, 早泄 *zǎo xiè*
- ⑩ menstrual irregularities, 月經失調 *yuè jīng shī tiáo*
- ⑩ profuse menstruation, 月經過多 *yuè jīng guò duō*
- ⑩ scant menstruation, 月經過少 *yuè jīng guò shǎo*
- ⑩ inhibited menstruation, 月經不利 *yuè jīng bù lì*
- ⑩ advanced menstruation, 月經先期 *yuè jīng xiān qī*
- ⑩ delayed menstruation, 月經后期 *yuè jīng hòu qī*
- ① menstruation at irregular intervals, 經行先后無定期 *jīng xíng xiān hòu wú dìng qī*
- ⑩ chaotic menstruation, 亂經 *luàn jīng*
- ⑩ menstrual block, ⑧ amenorrhea, 閉經 *bì jīng*
- ⑩ prolapse of the uterus, 子宮下垂 *zǐ gōng xià chuí*
- ⑩ stirring foetus, 胎動不安 *tāi dòng bù ān*
- ⑧ lochia, 惡露 *è lù*
- ⑩ persistent flow of lochia, 惡露不絕 *è lù bù jué*
- ⑩ wrist pulse, 寸口 *cùn kǒu*
- ⑩ take the pulse, 把脈 *bǎ mài*, ⑩ 切脈 *qiè mài*
- ⑩ bar, 關 *guān*
- ⑩ cubit, 尺 *chǐ*
- ⑩ floating pulse, 浮脈 *fú mài*
- ⑩ sunken pulse, ⑩ deep pulse, 沉脈 *chén mài*
- ⑩ slow pulse, 遲脈 *chí mài*
- ⑩ rapid pulse, 數脈 *shù mài*
- ⑩ vacuous pulse, 虛脈 *xū mài*
- ⑩ replete pulse, 實脈 *shí mài*
- ⑩ slippery pulse, 滑脈 *huá mài*
- ⑩ rough pulse, 澀脈 *sè mài*
- ⑩ stringlike pulse, 弦脈 *xián mài*
- ⑩ soggy pulse, 濡脈 *rú mài*
- ⑩ surging pulse, 洪脈 *hóng mài*
- ⑩ faint pulse, 微脈 *wēi mài*
- ⑩ fine pulse, 細脈 *xì mài*
- ⑩ weak pulse, 弱脈 *ruò mài*
- ⑩ large pulse, 大脈 *dà mài*
- ⑩ dissipated pulse, 散脈 *sàn mài*
- ⑩ tight pulse, 緊脈 *jǐn mài*
- ⑩ scallion-stalk pulse, 芴脈 *kōu mài*
- ⑩ drumskin pulse, 革脈 *gé mài*
- ⑩ firm pulse, ⑩ confined pulse, 牢脈 *láo mài*
- ⑩ racing pulse, 疾脈 *jí mài*
- ⑩ stirred pulse, 動脈 *dòng mài*
- ⑩ hidden pulse, 伏脈 *fú mài*
- ⑩ moderate pulse, 緩脈 *huǎn mài*
- ⑩ skipping pulse, 促脈 *cù mài*
- ⑩ bound pulse, 結脈 *jié mài*
- ⑩ intermittent pulse, 代脈 *dài mài*
- ⑩ long pulse, 長脈 *cháng mài*
- ⑩ short pulse, 短脈 *duǎn mài*
- ⑩ forceful, 有力 *yǒu lì*
- ⑩ forceless, 無力 *wú lì*
- ⑩ cold limbs, 肢冷 *zhī lěng*
- ⑩ lack of warmth in the limbs, 四肢欠溫 *sì zhī qī wēn*
- ⑩ lack of warmth in the limbs, 四肢不溫 *sì zhī bù wēn*
- ⑩ reversal cold of the limbs, 四肢厥冷 *sì zhī jué lěng*
- ⑩ counterflow cold of the limbs, 四肢逆冷 *sì zhī nì lěng*
- ⑩ physical cold, 形寒 *xíng hán*
- ⑩ vexing heat in the five hearts, 五心煩熱 *wǔ xīn fán rè*
- ⑩ glomus lump, 痞塊 *pǐ kuài*
- ⑩ abdominal distention, 腹脹 *fù zhàng*
- ⑩ puffy swelling, 浮腫 *fú zhǒng*
- ⑩ scorching heat, 灼熱 *zhuó rè*
- Patterns**
- ① sign, ① pattern, 證候 *zhèng hòu*

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

⑩ exterior <u>pattern</u> , 表證 <i>biǎo zhèng</i>	⑩ qì stagnation and blood <u>stasis</u> , 氣滯血瘀 <i>qì zhì xuè yū</i>	⑩ nondiffusion of lung qì, 肺氣不宣 <i>fèi qì bù xuān</i>
⑩ exterior heat, 表熱 <i>biǎo rè</i>		⑩ impaired depurative downbearing of the lung, 肺失肅降 <i>fèi shī sù jiàng</i>
⑩ exterior cold, 表寒 <i>biǎo hán</i>	⑩ dual vacuity of qì and blood, 氣血俱虛 <i>qì xuè jù xū</i>	⑩ <u>inhibition</u> of lung qì, 肺氣不利 <i>fèi qì bù lì</i>
⑩ exterior vacuity, 表虛 <i>biǎo xū</i>	⑩ qì deserting with the blood, 氣隨血脫 <i>qì suí xuè tuō</i>	⑩ lung qì vacuity, 肺氣虛 <i>fèi qì xū</i>
⑩ exterior repletion, 表實 <i>biǎo shí</i>	⑩ heart qì vacuity, 心氣虛 <i>xīn qì xū</i>	⑩ lung yīn vacuity, 肺陰虛 <i>fèi yīn xū</i>
⑩ interior <u>pattern</u> , 裡證 <i>lǐ zhèng</i>	⑩ heart yáng vacuity, 心陽虛 <i>xīn yáng xū</i>	⑩ lung-kidney yīn vacuity, 肺腎陰虛 <i>fèi shèn yīn xū</i>
⑩ half-interior half-exterior <u>pattern</u> , ⑩ <u>mid-stage [penetration]</u> <u>pattern</u> , 半表半裡證 <i>bàn biǎo bàn lǐ zhèng</i>	⑩ heart blood vacuity, 心血虛 <i>xīn xuè xū</i>	⑩ spleen vacuity, 脾虛 <i>pí xū</i>
⑩ cold <u>pattern</u> , 寒證 <i>hán zhèng</i>	⑩ heart yīn vacuity, 心陰虛 <i>xīn yīn xū</i>	⑩ spleen qì vacuity, 脾氣虛 <i>pí qì xū</i>
⑩ heat <u>pattern</u> , 熱證 <i>rè zhèng</i>	⑩ heart fire flaming upward, 心火上炎 <i>xīn huǒ shàng yán</i>	⑩ spleen yīn vacuity, 脾陰虛 <i>pí yīn xū</i>
⑩ vacuity <u>pattern</u> , 虛證 <i>xū zhèng</i>	⑩ true heart pain, 真心痛 <i>zhēn xīn tòng</i>	⑩ spleen yáng vacuity, 脾陽虛 <i>pí yáng xū</i>
⑩ repletion <u>pattern</u> , 實證 <i>shí zhèng</i>	⑩ heart impediment, 心痹 <i>xīn bì</i>	⑩ <u>devitalised</u> spleen yáng, 脾陽不振 <i>pí yáng bù zhèn</i>
⑩ qì vacuity, 氣虛 <i>qì xū</i>	⑩ heart-kidney yáng vacuity, 心腎陽虛 <i>xīn shèn yáng xū</i>	⑩ spleen failing to move and transform, 脾失健運 <i>pí shī jiàn yùn</i>
⑩ qì stagnation, 氣滯 <i>qì zhì</i>		⑩ spleen failing to control the blood, 脾不統血 <i>pí bù tǒng xuè</i>
⑩ centre qì fall, 中氣下陷 <i>zhōng qì xià xiàn</i>	⑩ heart-kidney yīn vacuity, 心腎陰虛 <i>xīn shèn yīn xū</i>	⑩ binding depression of liver qì, 肝氣鬱結 <i>gān qì yù jié</i>
⑩ qì counterflow, 氣逆 <i>qì nì</i>	⑩ heart-spleen blood vacuity, 心脾血虛 <i>xīn pí xuè xū</i>	⑩ liver fire flaming upward, 肝火上炎 <i>gān huǒ shàng yán</i>
⑩ qì block, 氣閉 <i>qì bì</i>	⑩ heart spreading heat to the small intestine, 心移熱於小腸 <i>xīn yí rè yú xiǎo cháng</i>	⑩ ascendant hyperactivity of liver yáng, ⑩ ascendant liver yáng, 肝陽上亢 <i>gān yáng shàng kàng</i>
⑩ blood <u>stasis</u> , 血瘀 <i>xuè yū</i>		
⑩ blood vacuity, 血虛 <i>xuè xū</i>		
⑩ blood <u>collapse</u> , 亡血 <i>wáng xuè</i>		
⑩ blood heat, 血熱 <i>xuè rè</i>		
⑩ frenetic movement of hot blood, 血熱妄行 <i>xuè rè wàng xíng</i>	⑩ noninteraction of the heart and kidney, 心腎不交 <i>xīn shèn bù jiāo</i>	

TRANSLATION OF CHINESE MEDICAL TERMS

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|--|---|--|
| ⑩ liver blood vacuity, 肝血虛
<i>gān xuè xū</i> | ⑩ kidney failing to absorb qì, 腎不納氣 <i>shèn bù nà qì</i> | ⑩ summerheat-damp, 暑濕
<i>shǔ shī</i> |
| ⑩ liver wind stirring internally, 肝風內動 <i>gān fēng nèi dòng</i> | ⑩ insecurity of kidney qì, 腎氣不固 <i>shèn qì bù gù</i> | ⑩ damp obstruction, 濕阻 <i>shī zǔ</i> |
| ⑩ liver yáng transforming into wind, 肝陽化風 <i>gān yáng huà fēng</i> | ⑩ spleen-kidney yáng vacuity, 脾腎陽虛 <i>pí shèn yáng xū</i> | ⑩ damp-heat, 濕熱 <i>shī rè</i> |
| ⑩ extreme heat engendering wind, 熱極生風 <i>rè jí shēng fēng</i> | ⑩ insufficiency of true yáng, 眞陽不足 <i>zhēn yáng bù zú</i> | ⑩ damp-heat lodged in the qì aspect, 濕熱留戀氣分 <i>shī rè liú liàn qì fèn</i> |
| ⑩ blood vacuity engendering wind, 血虛生風 <i>xuè xū shēng fēng</i> | ⑩ insufficiency of the true origin, 眞元不足 <i>zhēn yuán bù zú</i> | ⑩ damp-heat obstructing the spleen and stomach, 濕熱阻滯脾胃 <i>shī rè zǔ zhì pí wèi</i> |
| ⑩ liver-gallbladder damp-heat, 肝膽濕熱 <i>gān dǎn shī rè</i> | ⑩ exhaustion of the true origin, 下元虛憊 <i>xià yuán xū bèi</i> | ⑩ damp-heat brewing in the liver and gallbladder, 濕熱蘊結肝膽 <i>shī rè yùn jié gān dǎn</i> |
| ⑩ liver qì invading the stomach, 肝氣犯胃 <i>gān qì fàn wèi</i> | ⑩ external contraction of wind evil, 外感風邪 <i>wài gǎn fēng xié</i> | ⑩ damp-heat pouring down into the large intestine, 濕熱下注大腸 <i>shī rè xià zhù zhù dà cháng</i> |
| ⑩ liver qì invading the spleen, 肝氣犯脾 <i>gān qì fàn pí</i> | ⑩ wind-cold, 風寒 <i>fēng hán</i> | ⑩ damp-heat pouring down into the bladder, 濕熱下注膀胱 <i>shī rè xià zhù páng guāng</i> |
| ⑩ kidney yīn vacuity, 腎陰虛 <i>shèn yīn xū</i> | ⑩ wind-heat, 風熱 <i>fēng rè</i> | ⑩ contraction of dryness evil, 感受燥邪 <i>gǎn shòu zào xié</i> |
| ⑩ kidney yáng vacuity, 腎陽虛 <i>shèn yáng xū</i> | ⑩ wind evil entering the channels, 風邪入經 <i>fēng xié rù jīng</i> | ⑩ damage to liquid, 傷津 <i>shāng jīn</i> |
| ⑩ yáng vacuity water flood, 陽虛水泛 <i>yáng xū shuǐ fàn</i> | ⑩ external contraction cold evil, 外感寒邪 <i>wài gǎn hán xié</i> | ⑩ damage to yīn, 傷陰 <i>shāng yīn</i> |
| ⑩ debilitation of the life gate fire, 命門火衰 <i>mìng mén huǒ shuāi</i> | ⑩ cold impediment, 寒痺 <i>hán bì</i> | ⑩ food damage, 傷食 <i>shāng shí</i> |
| ⑩ insufficiency of kidney essence, 腎精不足 <i>shèn jīng bù zú</i> | ⑩ cold mounting, 寒疝 <i>hán shàn</i> | ⑩ abiding food, 宿食 <i>sù shí</i> |
| ⑩ emptiness of the sea of marrow, 髓海空虛 <i>suǐ hǎi kōng xū</i> | ⑩ repletion heat, 實熱 <i>shí rè</i> | ⑩ gastrointestinal accumulation, 腸胃積滯 <i>cháng wèi jī zhì</i> |
| | ⑩ vacuity heat, 虛熱 <i>xū rè</i> | |
| | ⑩ vacuity fire, 虛火 <i>xū huǒ</i> | |
| | ⑩ effulgent yīn vacuity fire, 陰虛火旺 <i>yīn xū huǒ wàng</i> | |
| | ⑩ summerheat-heat, 暑熱 <i>shǔ rè</i> | |

APPENDIX III: SOURCE-ORIENTATION OF PROPOSED EQUIVALENTS

damage, 脾虛夾食 <i>pí xū jiā shí</i>	① construction- <u>aspect pattern</u> , 營分證 <i>yíng fèn zhèng</i>	① plum-pit qi, 梅核氣 <i>méi hé qì</i>
① damp phlegm, 濕痰 <i>shī tán</i>	① blood- <u>aspect pattern</u> , 血分證 <i>xuè fèn zhèng</i>	① dysphagia- <u>occlusion</u> , 噎膈 <i>yē gé</i>
① cold phlegm, 寒痰 <i>hán tán</i>	① pericardiac <u>pattern</u> , 心包證 <i>xīn bāo zhèng</i>	① stomach reflux, 反胃 <i>fǎn wèi</i>
① heat phlegm, 熱痰 <i>rè tán</i>	① heat entering the pericardium, 熱入心包 <i>rè rù xīn bāo</i>	① cholera, ① sudden turmoil, 霍亂 <i>huò luàn</i>
① wind-phlegm, 風痰 <i>fēng tán</i>	① phlegm clouding the pericardium, 痰蒙心包 <i>tán méng xīn bāo</i>	① dysentery, 痢疾 <i>lì jí</i>
① phlegm turbidity harassing the upper body, 痰濁上擾 <i>tán zhuó shàng rǎo</i>	① phlegm confounding the orifices of the heart, 痰迷心竅 <i>tán mí xīn qiào</i>	① jaundice, 黃疸 <i>huán dǎn</i>
① phlegm turbidity clouding the pericardium, 痰濁蒙蔽心包 <i>tán zhuó méng bì xīn bāo</i>	① phlegm lodged in the channels, 痰留經絡 <i>tán liú jīng luò</i>	① tetany, 瘓病 <i>jìng bìng</i>
① phlegm-rheum, 痰飲 <i>tán yǐn</i>	① external contraction, 外感 <i>wài gǎn</i>	① child fright wind, 小兒驚風 <i>xiǎo ér jīng fēng</i>
① greater yáng disease, 太陽病 <i>tài yáng bìng</i>	① miscellaneous disease, 雜病 <i>zá bìng</i>	① fright wind, 驚風 <i>jīng fēng</i>
① yáng brightness disease, 陽明病 <i>yáng míng bìng</i>	① deep-source nasal <u>congestion</u> , 鼻淵 <i>bí yuān</i>	① gan, 疳 <i>gān</i>
① lesser yáng disease, 少陽病 <i>shào yáng bìng</i>	① consumption, 癆瘵 <i>láo zhài</i>	① malaria, 瘧疾 <i>nuè jí</i>
① greater yīn disease, 太陰病 <i>tài yīn bìng</i>	① panting, 喘 <i>chuǎn</i>	① running piglet, 奔豚 <i>bēn tún</i>
① lesser yīn disease, 少陰病 <i>shào yīn bìng</i>	① wheezing, 哮 <i>xiào</i>	① drum distention, 鼓脹 <i>gǔ zhàng</i>
① reverting yīn disease, 厥陰病 <i>jué yīn bìng</i>	① wheezing and panting, 哮喘 <i>xiào chuǎn</i>	① dispersion-thirst, 消渴 <i>xiāo kě</i>
① defense- <u>aspect pattern</u> , 衛分證 <i>wèi fèn zhèng</i>	① whooping cough, 百日咳 <i>bǎi rì ké</i>	① concretions, conglomerations, accumulations, and gatherings, 癥瘕積聚 <i>zhēng jiǎ jī jù</i>
① qì- <u>aspect pattern</u> , 氣分證 <i>qì fèn zhèng</i>	① diphtheria, 白喉 <i>bái hóu</i>	① mounting, 疝 <i>shàn</i>
	① baby moth, ① nipple moth, 乳蛾 <i>rǔ é</i>	① mounting qì, 疝氣 <i>shàn qì</i>
	① measles, 麻疹 <i>má zhěn</i>	① wind stroke, ① wind strike, 中風 <i>zhòng fēng</i>
	① smallpox, 天花 <i>tiān huā</i>	① epilepsy, 癲癇 <i>diān xián</i>
	① pox, 痘 <i>dòu</i>	① lockjaw, 破傷風 <i>pò shāng fēng</i>
	① impediment <u>pattern</u> , 痹證 <i>bì zhèng</i>	① dribbling <u>urinary block</u> , 癰閉 <i>lóng bì</i>
	① crick in the neck, 落枕 <i>luò zhěn</i>	
	① wilting <u>pattern</u> , 痿證 <i>wěi zhèng</i>	

TRANSLATION OF CHINESE MEDICAL TERMS

- | | | |
|---|--|---|
| ① water swelling, 水腫 <i>shuǐ zhǒng</i> | ① streaming sore, 流注 <i>liú zhù</i> | ① cool the blood, 涼血 <i>liáng xuè</i> |
| ① strangury <u>pattern</u> , 淋證 <i>lín zhèng</i> | ① lichen, 癬 <i>xiǎn</i> | ① clear damp-heat, 清濕熱 <i>qīng shī rè</i> |
| ① blood strangury, 血淋 <i>xuè lín</i> | ① frostbite, 凍瘡 <i>dòng chuāng</i> | ① clear heat and <u>disinhibit</u> dampness, 清利濕熱 <i>qīng lì shī rè</i> |
| ① qì strangury, 氣淋 <i>qì lín</i> | ① mania and withdrawal, 癲狂 <i>diān kuáng</i> | ① clear vacuity heat, 清虛熱 <i>qīng xū rè</i> |
| ① unctuous strangury, 膏淋 <i>gāo lín</i> | Principles and Methods of Treatment | ① cold precipitation, 寒下 <i>hán xià</i> |
| ① stone strangury, 石淋 <i>shí lín</i> | ① <u>repletion is treated by</u> draining, 實則瀉之 <i>shí zé xiè zhī</i> | ① warm precipitation, 溫下 <i>wēn xià</i> |
| ① taxation strangury, 勞淋 <i>láo lín</i> | ① <u>vacuity is treated by</u> supplementing, 虛則補之 <i>xū zé bǔ zhī</i> | ① moist precipitation, 潤下 <i>rùn xià</i> |
| ① shifted bladder, 轉胞 <i>zhuǎn bāo</i> | ① treat the <u>root</u> , 治本 <i>zhì běn</i> | ① attack phlegm, 攻痰 <i>gōng tán</i> |
| ① flooding and spotting, 崩漏 <i>bēng lòu</i> | ① treat the tip, 治標 <i>zhì biāo</i> | ① expel stasis, 逐瘀 <i>zhú yū</i> |
| ① malign obstruction,
① morning sickness, 惡阻 <i>è zǔ</i> | ① straight treatment, 正治 <i>zhèng zhì</i> | ① harmonise half exterior half interior (midstage) <u>patterns</u> , 和解半表半裡 <i>hé jiě bàn biǎo bàn lǐ</i> |
| ① pulmonary welling- <u>abscess</u> , 肺癰 <i>fèi yōng</i> | ① <u>paradoxical treatment</u> , 反治 <i>fǎn zhì</i> | ① harmonise <u>midstage patterns</u> , 和解半表半裡 <i>hé jiě bàn biǎo bàn lǐ</i> |
| ① intestinal welling- <u>abscess</u> , 腸癰 <i>cháng yōng</i> | ① resolve the exterior, 解表 <i>jiě biǎo</i> | ① rectify qì and harmonise <u>construction</u> , 理氣和營 <i>lǐ qì hé yíng</i> |
| ① lung wilting, 肺痿 <i>fèi wěi</i> | ① resolve the exterior with warmth and acidity, 辛溫解表 <i>xīn wēn jiě biǎo</i> | ① harmonise the liver and stomach, 調和肝胃 <i>tiáo hé gān wèi</i> |
| ① cinnabar toxin,
① erysipelas, 丹毒 <i>dān dú</i> | ① resolve the exterior with coolness and acidity, 辛涼解表 <i>xīn liáng jiě biǎo</i> | ① harmonise the liver and spleen, 調和肝脾 <i>tiáo hé gān pí</i> |
| ① goiter, 癭 <i>yǐng</i> | ① course the exterior, 疏表 <i>shū biǎo</i> | ① harmonise the stomach and intestines, 調和腸胃 <i>tiáo hé cháng wèi</i> |
| ① welling- <u>abscess</u> , 癰 <i>yōng</i> | ① clear heat and resolve toxin, 清熱解毒 <i>qīng rè jiě dú</i> | |
| ① flat- <u>abscess</u> , 疽 <i>jū</i> | ① clear qì heat, 清氣熱 <i>qīng qì rè</i> | |
| ① boil, 癰 <i>jié</i> | ① clear blood heat, 清血熱 | |
| ① clove-sore, 疔瘡 <i>dīng chuāng</i> | | |
| ① scrofula, 瘰癧 <i>luǒ lì</i> | | |
| ① phlegm node, 痰核 <i>tán hé</i> | | |

APPENDIX II: SELECTED TERMINOLOGIES OF CHINESE MEDICINE

dissipate cold, 溫中散寒 <i>wēn zhōng sàn hán</i>	① transform phlegm, 化痰 <i>huà tán</i>	① constrain sweat, 斂汗 <i>liǎn hàn</i>
① return yáng and stem counterflow, 回陽救逆 <i>huí yáng jiù nì</i>	① transform phlegm and suppress cough, 化痰止咳 <i>huà tán zhǐ ké</i>	① constrain the lung, 斂肺 <i>liǎn fèi</i>
① warm the channels and dissipate cold, 溫經散寒 <i>wēn jīng sàn hán</i>	① dispel wind, transform phlegm, and suppress cough, 祛風化痰 <i>qū fēng huà tán</i>	① astringe the intestines and stem desertion, 澀腸固脫 <i>sè cháng gù tuō</i>
① supplement qì, 補氣 <i>bǔ qì</i>	① harmonise the stomach and transform phlegm, 和胃化痰 <i>hé wèi huà tán</i>	① secure essence, 固精 <i>gù jīng</i>
① boost qì, 益氣 <i>yì qì</i>	① dispel dampness, 祛濕 <i>qū shī</i>	① reduce urine, 縮尿 <i>suō niào</i>
① supplement the blood, 補血 <i>bǔ xuè</i>	① transform dampness, 化濕 <i>huà shī</i>	① secure the menses, 固經 <i>gù jīng</i>
① supplement yīn, 補陰 <i>bǔ yīn</i>	① dry dampness, 燥濕 <i>zào shī</i>	① check vaginal discharge, 止帶 <i>zhǐ dài</i>
① nourish yīn, 養陰 <i>yǎng yīn</i>	① <u>disinhibit</u> dampness, 利濕 <i>lì shī</i>	① stanch bleeding, 止血 <i>zhǐ xuè</i>
① enrich yīn, 滋陰 <i>zī yīn</i>	① <u>disinhibit</u> water, 利水 <i>lì shuǐ</i>	① settle fright and quiet the spirit, 鎮驚安神 <i>zhèn jīng ān shén</i>
① foster yīn, 育陰 <i>yù yīn</i>	① clear the heart and open the orifices, 清心開竅 <i>qīng xīn kāi qiào</i>	① subdue yáng and extinguish wind, 潛陽熄風 <i>qián yáng xī fēng</i>
① supplement yáng, 補陽 <i>bǔ yáng</i>	① sweep phlegm and open the orifices, 豁痰開竅 <i>huò tán kāi qiào</i>	① <u>promote</u> absorption of qì by the kidney, 攝納腎氣 <i>shè nà shèn qì</i>
① assist yáng, 助陽 <i>zhù yáng</i>	① repel foulness and open the orifices, 辟穢開竅 <i>bì huì kāi qiào</i>	① <u>promote</u> absorption of qì by the kidney, 攝納腎氣 <i>shè nà shèn qì</i>
① disperse food, 消食 <i>xiāo shí</i>		
① abductive dispersion, 消導 <i>xiāo dǎo</i>		
① transform stasis, 化瘀 <i>huà yū</i>		
① soften hardness, 軟堅 <i>ruǎn jiān</i>		

APPENDIX IV: SOURCE-ORIENTATION IN THE TRANSLATION OF COMPONENT CHARACTERS OF THE PROPOSED TERMINOLOGY

The list of characters contained in this appendix forms the basis for the study contained in Chapter 8 (8.2).

The list comprises the 260 characters most frequently occurring in a list of 1,142 terms, arranged in descending order of frequency.

The first line of each entry gives the character and its Pīnyīn pronunciation in bold type, together with a serial number indicating the character's position in the list. This is followed by the frequency of the character in the LGP (A, B, C, N in descending order of frequency) with the accumulated total of frequently used characters (A, B, C) in the list so far.

The second line shows the percentage of the total number of character tokens that the headword character accounts for in the 1,142-term list, together with an accumulated total for all entry characters that have appeared so far.

The third line gives the English translation/s of the character in the terms in which it appears. Loans are marked in italics, semantic translations (LGP equivalents and loan-translations) are marked in small caps, and occurrences where the character is not translated are marked by an empty box (e.g., Eng: *qì*, BREATH, ☐).

Beginning with the fourth line are examples of terms in which the character appears with their English translations. A least one example is given to illustrate the usage of each different TL equivalent.

A more detailed explanation is given in Chapter 8 (8.2.1, page 287).

氣 qì No. 1. LGP frq: A (AT 1)

$\frac{252}{11,290} = 2.232\%$ (AT 2.232%)

Eng: *qì*, BREATH, ☐ 3

上氣 *qì* ascent

子氣 pregnancy *qì*; filial *qì*

短氣 shortness of breath

二十四節氣 twenty-four solar terms

陰 yīn No. 2. LGP frq: B (AT 2)

$\frac{198}{11,290} = 1.754\%$ (AT 3.986%)

Eng: *yīn*, GENITAL, PUDENDA, VAGINA,

☐ 5

二陰 two *yīn*; second *yīn* channel

心陰不足 insufficiency of heart *yīn*

陰冷 genital cold

陰癢 pudendal itch

陰卵 testicle; testis

熱 rè No. 3. LGP frq: A (AT 3)

$\frac{173}{11,290} = 1.532\%$ (AT 5.518%)

Eng: HEAT ☐ 1

三焦實熱 triple burner repletion heat

清營泄熱 clear construction and discharge
heat

潮熱 tidal heat [effusion]

熱劑 hot formula

陽 yáng No. 4. LGP frq: A (AT 4)

$\frac{172}{11,290} = 1.523\%$ (AT 7.042%)

Eng: *yáng*, MALE, ☐ 3

回陽救逆 return *yáng* and stem counterflow

肝陽 liver yáng
 重陽 weighted yáng
 陽事 yáng affair; male affair; penis
 陽痿 yáng wilt; impotence
風 fēng No. 5. LGP frq: A (AT 5)
 $\frac{133}{11,290} = 1.178\%$ (AT 8.220%)
 Eng: WIND 1
 中風 wind stroke
 內風 internal wind
 白駁風 white patch wind
 赤游風 red wandering wind
血 xuè No. 6. LGP frq: A (AT 6)
 $\frac{127}{11,290} = 1.125\%$ (AT 9.345%)
 Eng: BLOOD 1
 心主血 heart governs the blood
 血癭 blood goiter
脈 mài No. 7. LGP frq: C (AT 7)
 $\frac{126}{11,290} = 1.116\%$ (AT 10.461%)
 Eng: VESSEL, PULSE 2
 沖脈 thoroughfare vessel
 七怪脈 seven strange pulses
 大脈 large pulse
 赤絲虬脈 tangled red-thread vessels
虛 xū No. 8. LGP frq: C (AT 8)
 $\frac{111}{11,290} = 0.983\%$ (AT 11.444%)
 Eng: VACUITY 1
 大腸虛 large intestinal vacuity
 五虛 five vacuities
 心虛 heart vacuity
 虛脈 vacuous pulse
下 xià No. 9. LGP frq: A (AT 9)
 $\frac{105}{11,290} = 0.930\%$ (AT 12.374%)
 Eng: LOW, DOWN, INFERIOR, PRECIPITATE, 5
 下元不固 insecurity of the lower origin
 濕熱下注 damp-heat pouring downward;
 downpour of damp-heat
 下工 inferior practitioner
 潤下 moist precipitation
 下乳 promote lactation
寒 hán No. 10. LGP frq: A (AT 10)
 $\frac{102}{11,290} = 0.903\%$ (AT 13.277%)
 Eng: COLD 1
 中寒 cold stroke
 表寒 exterior cold
 寒結 cold bind
之 zhī No. 11. LGP frq: A (AT 11)
 $\frac{100}{11,290} = 0.886\%$ (AT 14.163%)

Eng: subordinating particle; object preposition it, him, her, them
 中正之官 office of justice
 命門之火 life gate fire
不 bù No. 12. LGP frq: A (AT 12)
 $\frac{98}{11,290} = 0.868\%$ (AT 15.031%)
 Eng: NOT, NON, UN-, IN-, FAIL, -LESS, 7
 發表不遠熱 exterior effusion does not shun heat
 不定穴 nonfixed point
 五不女 five unwomanlinesses
 小便不禁 urinary incontinence
 土不制水 earth failing to dam water
 不得眠 sleeplessness
 中陽不振 devitalised center yáng
 心氣不足 insufficiency of heart qì
 心陽不振 devitalised heart yáng
經 jīng No. 13. LGP frq: A (AT 13)
 $\frac{96}{11,290} = 0.850\%$ (AT 15.881%)
 Eng: CHANNEL, CLASSIC; abbr. for 月經
 MENSTRUATION 3
 十二經 twelve channels
 經方 classical remedy
 月經 menstruation
心 xīn No. 14. LGP frq: A (AT 14)
 $\frac{96}{11,290} = 0.850\%$ (AT 16.732%)
 Eng: HEART 1
 心火上炎 heart fire flaming upward; up-flaming heart fire
 心主言 heart governs speech
 心咳 heart cough
肝 gān No. 15. LGP frq: C (AT 15)
 $\frac{92}{11,290} = 0.815\%$ (AT 17.547%)
 Eng: LIVER 1
 抑肝 repress the liver
 肝主血海 liver governs the sea of blood
中 zhōng, zhòng No. 16. LGP frq: A (AT 16)
 $\frac{89}{11,290} = 0.788\%$ (AT 18.335%)
 Eng: zhōng CENTER, MIDDLE; MEDIUM; zhòng STRIKE 4
 中焦 center burner; middle burner
 中指同身寸 middle finger body inch
 中品 medium grade
 中風 wind stroke
 中經 channel stroke
火 huǒ No. 17. LGP frq: A (AT 17)
 $\frac{87}{11,290} = 0.771\%$ (AT 19.105%)

- Eng: FIRE, FLAME [2]
 文火 civil flame
 火針 fire needling
 火眼 fire eye
 火瀉 fire diarrhoea
 君火 sovereign fire
- 肺 fèi** No. 18. LGP frq: C (AT 18)
 $\frac{85}{11,290} = 0.753\%$ (AT 19.858%)
 Eng: LUNG [1]
 肺主氣 lung governs qì
 肺氣 lung qì
 肺實 lung repletion
- 水 shuǐ** No. 19. LGP frq: A (AT 19)
 $\frac{79}{11,290} = 0.700\%$ (AT 20.558%)
 Eng: WATER [1]
 水谷之氣 grain and water qì
 水腫 water swelling
- 病 bìng** No. 20. LGP frq: A (AT 20)
 $\frac{74}{11,290} = 0.655\%$ (AT 21.213%)
 Eng: DISEASE, ILLNESS, SICKNESS, MORBID [4]
 時病 seasonal disease
 久病 enduring illness
 子病 pregnancy sickness
 病色 morbid complexion
- 腎 shèn** No. 21. LGP frq: N (AT 20)
 $\frac{73}{11,290} = 0.647\%$ (AT 21.860%)
 Eng: KIDNEY [1]
 心腎不交 noninteraction of the heart and kidney
 肝腎相生 liver and kidney are mutually engendering
 滋腎 kidney enrichment
 腎囊癰 kidney-sac welling-abscess; scrotal welling-abscess
- 五 wǔ** No. 22. LGP frq: A (AT 21)
 $\frac{70}{11,290} = 0.620\%$ (AT 22.480%)
 Eng: FIVE, FIFTH [2]
 五入 five entries
 五不女 five unwomanlinesses
 五色帶 five-colored vaginal discharge
 五腧穴 five transport points
 五更泄 fifth-watch diarrhoea
- 濕 shī** No. 23. LGP frq: N (AT 21)
 $\frac{69}{11,290} = 0.611\%$ (AT 23.091%)
 Eng: DAMPNES [1]
 下焦濕熱 lower burner damp-heat
- 風濕相搏 mutual contention of wind and dampness
 濕困脾陽 dampness encumbering spleen yáng
- 胃 wèi** No. 24. LGP frq: C (AT 22)
 $\frac{68}{11,290} = 0.602\%$ (AT 23.694%)
 Eng: STOMACH [1]
 胃不和 disharmony of the stomach; stomach disharmony
 胃家實 stomach domain repletion
- 針 zhēn** No. 25. LGP frq: A (AT 23)
 $\frac{66}{11,290} = 0.585\%$ (AT 24.278%)
 Eng: NEEDLE, ACU-, [3]
 大針 large needle
 火針 fire needling
 針灸 acumoxotherapy; acupuncture and moxibustion
 針眼 sty
- 脾 pí** No. 26. LGP frq: C (AT 24)
 $\frac{65}{11,290} = 0.576\%$ (AT 24.854%)
 Eng: SPLEEN [1]
 益脾 boost the spleen
 脾主中土 spleen governs center-earth
- 骨 gǔ** No. 27. LGP frq: A (AT 25)
 $\frac{63}{11,290} = 0.558\%$ (AT 25.412%)
 Eng: BONE [1]
 交骨 interlocking bones
 骨極 extreme of the bone
 骨蒸 steaming bone
- 法 fǎ** No. 28. LGP frq: A (AT 26)
 $\frac{57}{11,290} = 0.505\%$ (AT 25.917%)
 Eng: METHOD, [2]
 三法 three methods of treatment
 摩法 friction
 靈龜八法 eightfold method of the sacred tortoise; sacred tortoise method
 汗法 sweating
 和法 harmonisation
- 大 dà, dài** No. 29. LGP frq: A (AT 27)
 $\frac{56}{11,290} = 0.496\%$ (AT 26.413%)
 Eng: LARGE, GREAT, MAJOR, ADULT, [5]
 大脈 large pulse
 大汗 great sweating
 大肉 major masses of flesh
 大方脈 adult medicine
 大眦 inner canthus
 大夫 doctor
- 上 shàng** No. 30. LGP frq: A (AT 28)

$\frac{56}{11,290} = 0.496\%$ (AT 26.909%)
 Eng: UP, SUPERIOR, ASCEND, RISE, □ 5
 心火上炎 heart fire flaming upward; up-flaming heart fire
 上工 superior practitioner
 上氣 qì ascent
 怒則氣上 anger causes qì to rise
 上顎癰 palatal welling-abscess
證 zhèng No. 31. LGP frq: B (AT 29)
 $\frac{53}{11,290} = 0.469\%$ (AT 27.378%)
 Eng: sign, pattern 2
 三陷證 three inward fall patterns
 舍脈從證 precedence of signs over the pulse
溫 wēn No. 32. LGP frq: A (AT 30)
 $\frac{53}{11,290} = 0.469\%$ (AT 27.848%)
 Eng: WARM 1
 冬溫 winter warmth
 辛溫解表 resolve the exterior with warmth and acidity; warm acrid exterior resolution
 溫疫 warm epidemic
主 zhǔ No. 33. LGP frq: A (AT 31)
 $\frac{53}{11,290} = 0.469\%$ (AT 28.317%)
 Eng: GOVERN/OR 1
 壯水之主以制陽光 invigorate the governor of water to restrain the brilliance of yáng
 肝主筋 liver governs the sinews
 膽主決斷 gallbladder governs decision
清 qīng No. 34. LGP frq: A (AT 32)
 $\frac{52}{11,290} = 0.461\%$ (AT 28.778%)
 Eng: CLEAR 1
 下利清谷 clear-food diarrhoea; clear-grain diarrhoea
 清肝火 clear liver fire
 濁邪害清 turbid evils harm the clear
化 huà No. 35. LGP frq: A (AT 33)
 $\frac{52}{11,290} = 0.461\%$ (AT 29.238%)
 Eng: TRANSFORM, FORM, MELT, □ 4
 中焦主化 center burner governs transformation
 五志化火 fire formation due to excess among the five minds
 化痰 transform phlegm; phlegm transformation
 噙化 melt in the mouth
 化膿灸 suppurative moxibustion
痰 tán No. 36. LGP frq: N (AT 33)
 $\frac{51}{11,290} = 0.452\%$ (AT 29.690%)

Eng: PHLEGM 1
 化痰 transform phlegm; phlegm transformation
 痰火 phlegm-fire; phlegm-fire [sore]
表 biǎo No. 37. LGP frq: A (AT 34)
 $\frac{45}{11,290} = 0.399\%$ (AT 30.089%)
 Eng: EXTERIOR 1
 心與小腸相表里 heart and small intestine stand in interior-exterior relationship
 辛涼解表 cool acrid exterior resolution
 表實 exterior repletion
邪 xié No. 38. LGP frq: C (AT 35)
 $\frac{45}{11,290} = 0.399\%$ (AT 30.487%)
 Eng: EVIL 1
 火邪 fire evil
 外邪 external evil
 扶正祛邪 support right and dispel evil
穴 xué No. 39. LGP frq: C (AT 36)
 $\frac{45}{11,290} = 0.399\%$ (AT 30.886%)
 Eng: point 1
 郄穴 cleft point
腸 cháng No. 40. LGP frq: B (AT 37)
 $\frac{44}{11,290} = 0.390\%$ (AT 31.275%)
 Eng: INTESTINE 1
 大腸癰 large intestinal welling-abscess
 小腸 small intestine
 絞腸痧 intestine-gripping sand
毒 dú No. 41. LGP frq: B (AT 38)
 $\frac{44}{11,290} = 0.390\%$ (AT 31.665%)
 Eng: TOXIN 1
 山嵐瘴毒 mountain forest miasmatic toxin
 以毒攻毒 attacking toxin with toxin
 熱毒 heat toxin
 濕毒 damp toxin
臟 zàng No. 42. LGP frq: C (AT 39)
 $\frac{42}{11,290} = 0.372\%$ (AT 32.037%)
 Eng: viscus, organ 2
 五臟 five viscera
 五臟六腑咳 coughs of the five visceral and six bowels; organ cough
瘡 chuāng No. 43. LGP frq: N (AT 39)
 $\frac{42}{11,290} = 0.372\%$ (AT 32.409%)
 Eng: SORE 1
 口丫瘡 sore at the corner of the mouth
 白禿瘡 bald white scalp sore
實 shí No. 44. LGP frq: A (AT 40)
 $\frac{42}{11,290} = 0.372\%$ (AT 32.781%)
 Eng: REPLETION 1

實邪 repletion evil; replete evil

實熱 repletion heat

內 nèi, nà No. 45. LGP frq: A (AT 41)

 $\frac{42}{11,290} = 0.372\%$ (AT 33.153%)

Eng: nài INSIDE/WARD, INTERNAL; nà INSERT [3]

從外測內 judging the inside by the outside

表邪內陷 inward fall of an exterior evil

內因 internal cause

內吹乳癰 internal blowing mammary welling-abscess

內針 needle insertion

於 yú No. 46. LGP frq: C (AT 42)

 $\frac{42}{11,290} = 0.372\%$ (AT 33.525%)

Eng: at, to, by

肺開竅於鼻 lung opens at the nose

心移熱於小腸 heart spreading heat to the small intestine

陽生於陰 yáng is engendered by yīn

刺 cì No. 47. LGP frq: B (AT 43)

 $\frac{40}{11,290} = 0.354\%$ (AT 33.880%)

Eng: NEEDLE, PRICK [2]

豹文刺 leopard-spot needling

絡刺 network vessel pricking

點刺 prick

傷 shāng No. 48. LGP frq: A (AT 44)

 $\frac{39}{11,290} = 0.345\%$ (AT 34.225%)

Eng: DAMAGE, INJURY, [3]

熱傷筋脈 heat damaging the sinews; damage to the sinews by heat

扭傷 sprain

破傷風 lockjaw; tetanus

泄 xiè No. 49. LGP frq: C (AT 45)

 $\frac{39}{11,290} = 0.345\%$ (AT 34.570%)

Eng: DISCHARGE, DIARRHOEA, EJACULATION, [4]

血泄 bloody discharge

早泄 premature ejaculation

五更泄 fifth-watch diarrhoea

肝主疏泄 liver governs free coursing

結 jié No. 50. LGP frq: A (AT 46)

 $\frac{38}{11,290} = 0.337\%$ (AT 34.907%)

Eng: BIND, [2]

大結胸 major chest bind

結脈 bound pulse

陽結 yáng bind

齒齦結瓣 petalled gums

為 wèi No. 51. LGP frq: A (AT 47)

 $\frac{38}{11,290} = 0.337\%$ (AT 35.244%)

Eng: be

太陽爲開 greater yáng is the opening

舌 shé No. 52. LGP frq: C (AT 48)

 $\frac{38}{11,290} = 0.337\%$ (AT 35.580%)

Eng: TONGUE [1]

舌歪 deviated tongue

舌起芒刺 prickly tongue

燥 zào No. 53. LGP frq: C (AT 49)

 $\frac{37}{11,290} = 0.328\%$ (AT 35.908%)

Eng: DRYNESS [1]

土喜溫燥 earth likes warmth and dryness

秋燥 autumn dryness

補 bǔ No. 54. LGP frq: B (AT 50)

 $\frac{37}{11,290} = 0.328\%$ (AT 36.236%)

Eng: SUPPLEMENT [1]

先攻后補 first attack, then supplement; attack followed by supplementation

三 sān No. 55. LGP frq: A (AT 51)

 $\frac{37}{11,290} = 0.328\%$ (AT 36.563%)

Eng: THREE, THIRD, TRIPLE [3]

三毛 three hairs

三陰 triple yīn; third yīn channel

三焦 triple burner

產后三冲 three postpartum surges

癰 yōng No. 56. LGP frq: N (AT 51)

 $\frac{36}{11,290} = 0.319\%$ (AT 36.882%)

Eng: WELLING-ABSCESS [1]

內癰 internal welling-abscess

外吹乳癰 external blowing mammary welling-abscess

瀉 xiè No. 57. LGP frq: N (AT 51)

 $\frac{35}{11,290} = 0.310\%$ (AT 37.192%)

Eng: DRAIN, DIARRHOEA, [3]

瀉心 drain the heart

火瀉 fire diarrhoea

大瀉刺 great draining needling; lancing

捻轉補瀉 twirling supplementation and drainage

則 zé No. 58. LGP frq: A (AT 52)

 $\frac{35}{11,290} = 0.310\%$ (AT 37.502%)

Eng: conjunction so, often rephrased in translation as with a 'when' construction

陰虛則內熱 when yīn is vacuous, there is internal heat

勞則氣耗 taxation causes wearing of qì

疔 dīng No. 59. LGP frq: N (AT 52)

 $\frac{34}{11,290} = 0.301\%$ (AT 37.803%)

Eng: CLOVE-SORE [1]
 反唇疔 lip-turning clove sore
 虎須疔 tiger's-whiskers clove sore
發 fā No. 60. LGP frq: A (AT 53)
 $\frac{34}{11,290} = 0.301\%$ (AT 38.105%)
 Eng: EFFUSE, [2]
 發熱 heat effusion
 下發背 effusion of the lower back
 發黃 yellowing
 發泡 blistering
里 lǐ No. 61. LGP frq: A (AT 54)
 $\frac{34}{11,290} = 0.301\%$ (AT 38.406%)
 Eng: INTERIOR, abdomen, [3]
 由里出表 pass from the interior to the exterior
 里急后重 tenesmus; abdominal urgency and rectal heaviness
 里虛 interior vacuity
喉 hóu No. 62. LGP frq: C (AT 55)
 $\frac{33}{11,290} = 0.292\%$ (AT 38.698%)
 Eng: THROAT, LARYNX [2]
 喉底 back of the throat
 喉蛾 throat moth
 喉關 throat pass
 結喉 laryngeal prominence
 纏喉風 throat-entwining wind
疽 jū No. 63. LGP frq: N (AT 55)
 $\frac{33}{11,290} = 0.292\%$ (AT 38.990%)
 Eng: FLAT-ABSCESS [1]
 乳疽 mammary flat-abscess
小 xiǎo No. 64. LGP frq: A (AT 56)
 $\frac{33}{11,290} = 0.292\%$ (AT 39.283%)
 Eng: SMALL, MINOR, [3]
 小腸 small intestine
 小腹 smaller abdomen
 小方 minor formula
十 shí No. 65. LGP frq: A (AT 57)
 $\frac{33}{11,290} = 0.292\%$ (AT 39.575%)
 Eng: TEN, [2]
 二十四節氣 twenty-four solar terms
 十九畏 nineteen fears
 十二井穴 twelve well points
 十宣穴 ten diffusing points
厥 jué No. 66. LGP frq: N (AT 57)
 $\frac{32}{11,290} = 0.283\%$ (AT 39.858%)
 Eng: REVERSE, REVERT [2]
 手足厥冷 reversal cold of the extremities
 厥陰 reverting yīn

消 xiāo No. 67. LGP frq: A (AT 58)
 $\frac{32}{11,290} = 0.283\%$ (AT 40.142%)
 Eng: DISPERSE, WANE, [3]
 消渴 dispersion-thirst
 消痰 disperse phlegm
 陰陽消長 waxing and waning of yīn and yáng; natural flux of yīn and yáng
白 bái No. 68. LGP frq: A (AT 59)
 $\frac{32}{11,290} = 0.283\%$ (AT 40.425%)
 Eng: WHITE [2]
 白屑風 white scaling wind
 白疹 white papules
生 shēng No. 69. LGP frq: A (AT 60)
 $\frac{32}{11,290} = 0.283\%$ (AT 40.709%)
 Eng: ENGENDER, ARISE, VITAL, REPRODUCE [4]
 火不生土 fire failing to engender earth
 熱極生風 extreme heat engendering wind
 生津 engender liquid
 百病皆生於氣 hundred diseases arise out of qì
 生氣 vital qì
 生殖之精 reproductive essence
逆 nì No. 70. LGP frq: C (AT 61)
 $\frac{31}{11,290} = 0.275\%$ (AT 40.983%)
 Eng: COUNTERFLOW, UP(STREAM), UNFAVORABLE, ADVERSE, error [5]
 心下逆滿 counterflow fullness below the heart
 逆流挽舟 hauling the boat upstream
 逆證 unfavorable pattern; unfavorable sign
 一逆 first adverse treatment
 小逆 minor error
 回陽救逆 return yáng and stem counterflow
 胃氣上逆 stomach qì ascending counterflow
咳 ké No. 71. LGP frq: C (AT 62)
 $\frac{31}{11,290} = 0.275\%$ (AT 41.258%)
 Eng: COUGH [1]
 干咳 dry cough
 妊娠咳嗽 cough in pregnancy
足 zú No. 72. LGP frq: A (AT 63)
 $\frac{31}{11,290} = 0.275\%$ (AT 41.532%)
 Eng: FOOT, SUFFICIENT [2]
 足太陰脾經 foot greater yīn spleen channel; SP
 中氣不足 insufficiency of center qì
目 mù No. 73. LGP frq: A (AT 64)

$\frac{30}{11,290} = 0.266\%$ (AT 41.798%)
 Eng: EYE, VISION [1]
 目下弦 lower eyelid rim
 指目 eye of the finger; digital eye
 高風雀目 high-altitude wind sparrow vision
痹 **bì** No. 74. LGP frq: N (AT 64)
 $\frac{29}{11,290} = 0.257\%$ (AT 42.055%)
 Eng: IMPEDIMENT [1]
 行痹 moving impediment
 風熱喉痹 wind-heat throat impediment
神 **shén** No. 75. LGP frq: A (AT 65)
 $\frac{29}{11,290} = 0.257\%$ (AT 42.312%)
 Eng: SPIRIT [1]
 心藏神 heart stores the spirit
 安神 quiet the spirit
 得神 spiritedness
相 **xiāng** No. 76. LGP frq: A (AT 66)
 $\frac{29}{11,290} = 0.257\%$ (AT 42.569%)
 Eng: *xiāng* MUTUALLY, EACH OTHER, [];
xiàng MINISTER [4]
 水火相濟 fire and water help each other
 相火 ministerial fire
 相畏 fearing
外 **wài** No. 77. LGP frq: A (AT 67)
 $\frac{29}{11,290} = 0.257\%$ (AT 42.826%)
 Eng: OUT, EXTERNAL, NON- [3]
 外脫 outward desertion
 外因 external cause
 經外奇穴 nonchannel point
劑 **jì** No. 78. LGP frq: C (AT 68)
 $\frac{28}{11,290} = 0.248\%$ (AT 43.074%)
 Eng: FORMULA, pack, [3]
 十二劑 twelve formula types
 湯劑 decoction (preparation)
勞 **láo** No. 79. LGP frq: A (AT 69)
 $\frac{28}{11,290} = 0.248\%$ (AT 43.322%)
 Eng: TAXATION [1]
 房勞 sexual taxation
 勞水 worked water
 勞淋 taxation strangury
乳 **rǔ** No. 80. LGP frq: C (AT 70)
 $\frac{28}{11,290} = 0.248\%$ (AT 43.570%)
 Eng: BREAST, MAMMARY, NIPPLE,
 (BREAST) MILK, LACT-, SUCKLE;
 fine [7]
 乳泣 weeping breasts
 乳吹 suckling breast welling-abscess
 乳岩 mammary rock

乳頭風 nipple wind
 不乳 failure to take milk
 下乳 promote lactation
 乳嗽 suckling cough
 乳細 fine-mortar grind
開 **kāi** No. 81. LGP frq: A (AT 71)
 $\frac{27}{11,290} = 0.239\%$ (AT 43.809%)
 Eng: OPEN [1]
 化痰開竅 transform phlegm and open the
 orifices
 太陽爲開 greater yáng is the opening
者 **zhě** No. 82. LGP frq: A (AT 72)
 $\frac{27}{11,290} = 0.239\%$ (AT 44.048%)
 Eng: *nominalizing/topic marker*
 驚者平之 fright is treated by calming
后 **hòu** No. 83. LGP frq: A (AT 73)
 $\frac{27}{11,290} = 0.239\%$ (AT 44.287%)
 Eng: AFTER, LATER, POST, THEN, [5]
 飯后服 take after meals
 后天之火 later heaven fire
 產后三冲 three postpartum surges
 后陰 posterior yīn; anus
 差后勞復 taxation relapse
 經行先后無定期 menstruation at irregular
 intervals
 經行后期 delayed menstruation
合 **hé** No. 84. LGP frq: A (AT 74)
 $\frac{27}{11,290} = 0.239\%$ (AT 44.526%)
 Eng: COMBINE, CO-, UNITE, CONNECT [4]
 三陽合病 triple-yáng combination disease
 色脈合參 correlation of complexion and
 pulse
 兩陽合明 united brightness of two yáng
 腎合膀胱 kidney is connected with the blad-
 der
 脾合胃 spleen is connected with the stom-
 ach
四 **sì** No. 85. LGP frq: A (AT 75)
 $\frac{27}{11,290} = 0.239\%$ (AT 44.765%)
 Eng: FOUR, [2]
 四時 four seasons
 四海 four seas
 四肢不用 loss of use of the limbs
太 **tài** No. 86. LGP frq: A (AT 76)
 $\frac{27}{11,290} = 0.239\%$ (AT 45.004%)
 Eng: GREAT, *tài*, IMPERIAL [3]
 太倉 great granary
 手太陰肺經 hand greater yīn lung channel

太乙神針 Tàì-Yǐ moxa stick
 太醫 imperial physician
天 tiān No. 87. LGP frq: A (AT 77)
 $\frac{27}{11,290} = 0.239\%$ (AT 45.244%)
 Eng: HEAVEN, CELESTIAL, *tian*, NATURAL;
 abbr. for 先天 CONGENITAL [5]
 脾主后天 spleen governs later heaven
 天庭 celestial court
 天灸 natural moxibustion
 天癸 tiān-guǐ; heavenly tenth
 天宦 eunuchism
 天哮 congenital panting
口 kǒu No. 88. LGP frq: A (AT 78)
 $\frac{27}{11,290} = 0.239\%$ (AT 45.483%)
 Eng: MOUTH, ORAL, OPENING [3]
 口眼喎斜 deviated eyes and mouth
 口疳 gan of the mouth; oral gan
 氣口 qì opening; wrist pulse
 鵝口瘡 goose-mouth sore
暑 shǔ No. 89. LGP frq: C (AT 79)
 $\frac{26}{11,290} = 0.230\%$ (AT 45.713%)
 Eng: SUMMERHEAT [1]
 中暑 summerheat stroke
 暑溫 summerheat warmth
胎 tāi No. 90. LGP frq: C (AT 80)
 $\frac{26}{11,290} = 0.230\%$ (AT 45.943%)
 Eng: FOETUS, [2]
 胎動 stirring foetus
 胎水 foetal water
 死胎 foetal death
 胎甲 pregnancy
 滑胎 habitual miscarriage
疝 shàn No. 91. LGP frq: N (AT 80)
 $\frac{26}{11,290} = 0.230\%$ (AT 46.174%)
 Eng: MOUNTING [1]
 寒疝 cold mounting
 筋疝 sinew mounting
汗 hàn No. 92. LGP frq: B (AT 81)
 $\frac{26}{11,290} = 0.230\%$ (AT 46.404%)
 Eng: SWEAT(ING) [1]
 汗爲心液 sweat is the humor of the heart
 大汗 great sweating
 汗出漉漉然 streaming sweating
 絕汗 expiration sweating
少 shào, shǎo No. 93. LGP frq: A (AT 82)
 $\frac{26}{11,290} = 0.230\%$ (AT 46.634%)

Eng: *shào* LESSER; *shǎo* SCANT, SHORT-AGE [3]
 少陰 lesser yīn
 少氣 shortage of qì
 月經澀少 scant inhibited menstruation
子 zǐ No. 94. LGP frq: A (AT 83)
 $\frac{26}{11,290} = 0.230\%$ (AT 46.864%)
 Eng: INFANT, CHILD, pregnancy, [4]
 子門 infant's gate
 子盜母氣 child steals the mother's qì
 子病 pregnancy sickness
 瞳子 pupil
竅 qiào No. 95. LGP frq: N (AT 83)
 $\frac{25}{11,290} = 0.221\%$ (AT 47.086%)
 Eng: ORIFICE [1]
 九竅 nine orifices
 開竅 open the orifices; orifice opening
通 tōng No. 96. LGP frq: A (AT 84)
 $\frac{25}{11,290} = 0.221\%$ (AT 47.307%)
 Eng: FREE, FLOW TO, [3]
 通里 free the interior
 通脈 free the vessels
 腎氣通於耳 kidney qì flows to the ears
 通下 precipitation
脫 tuō No. 97. LGP frq: B (AT 85)
 $\frac{25}{11,290} = 0.221\%$ (AT 47.529%)
 Eng: SHED, desert, prolapse, dislocation [4]
 脫肉破脛 shedding of flesh and loss of bulk
 血脫 blood desertion
 外脫 outward desertion
 脫肛 prolapse of the rectum; anal desertion
 脫臼 dislocation
食 shí No. 98. LGP frq: A (AT 86)
 $\frac{25}{11,290} = 0.221\%$ (AT 47.750%)
 Eng: EAT, FOOD, DIET, SUCKLE, CONSUME, MEAL [6]
 食肉則復 relapse due to eating meat
 干噫食臭 dry belching with food malodor
 食治 diet therapy
 食癇 suckling epilepsy
 壯火食氣 vigorous fire consuming qì
 食遠服 take between meals
醫 yī No. 99. LGP frq: A (AT 87)
 $\frac{24}{11,290} = 0.213\%$ (AT 47.963%)
 Eng: PHYSICIAN, HEAL, MEDICINE [3]
 太醫 imperial physician
 巫醫 shaman healer

- 東醫 Eastern medicine
- 頭 tóu** No. **100.** LGP frq: A (AT 88)
 $\frac{24}{11,290} = 0.213\%$ (AT 48.175%)
 Eng: HEAD, ☐ **2**
 頭痛 headache
 頭重 heavy-headedness
 準頭 tip of the nose
- 諸 zhū** No. **101.** LGP frq: C (AT 89)
 $\frac{24}{11,290} = 0.213\%$ (AT 48.388%)
 Eng: ALL, ANY, ☐ **3**
 諸暴強直，皆屬於風 all fulminant rigidity is ascribed to wind
 諸寒之而熱者取之陰 when any treatment with cold [medicinals] gives rise to [even greater] heat, treat through yīn
 諸陽之會 confluence of the yáng [channels]
- 精 jīng** No. **102.** LGP frq: A (AT 90)
 $\frac{24}{11,290} = 0.213\%$ (AT 48.601%)
 Eng: ESSENCE, SEMEN ☐ **2**
 先天之精 earlier heaven essence
 遺精 seminal emission
- 解 jiě** No. **103.** LGP frq: A (AT 91)
 $\frac{24}{11,290} = 0.213\%$ (AT 48.813%)
 Eng: RESOLVE, JOINT, UNUNITED ☐ **3**
 解表 resolve the exterior; exterior resolution
 解顱 ununitied skull
 膝解 knee joint
- 絡 luò** No. **104.** LGP frq: C (AT 92)
 $\frac{24}{11,290} = 0.213\%$ (AT 49.026%)
 Eng: NETWORK [VESSEL] ☐ **1**
 十五絡 fifteen network vessels
- 筋 jīn** No. **105.** LGP frq: C (AT 93)
 $\frac{24}{11,290} = 0.213\%$ (AT 49.238%)
 Eng: SINEW, ☐ **2**
 十二經筋 twelve channel sinews
 肝主筋 liver governs the sinews
 宗筋 ancestral sinew
 轉筋 cramp
- 痛 tòng** No. **106.** LGP frq: A (AT 94)
 $\frac{24}{11,290} = 0.213\%$ (AT 49.451%)
 Eng: PAIN, ACHE ☐ **3**
 心下痛 pain below the heart
 頭痛 headache
- 痢 lì** No. **107.** LGP frq: N (AT 94)
 $\frac{24}{11,290} = 0.213\%$ (AT 49.663%)
 Eng: DYSENTERY ☐ **1**
 下痢 dysentery
- 久痢 enduring dysentery
- 胞 bāo** No. **108.** LGP frq: C (AT 95)
 $\frac{24}{11,290} = 0.213\%$ (AT 49.876%)
 Eng: UTERUS, BLADDER, EYELID ☐ **3**
 女子胞 uterus
 胞系了戾 twisting of the bladder tie
 上胞下垂 drooping of the upper eyelid
- 治 zhì** No. **109.** LGP frq: A (AT 96)
 $\frac{24}{11,290} = 0.213\%$ (AT 50.089%)
 Eng: TREAT, THERAPY, CONTROL ☐ **3**
 反治 paradoxical treatment
 食治 diet therapy
 治風化痰 control wind and transform phlegm
- 行 xíng** No. **110.** LGP frq: A (AT 97)
 $\frac{24}{11,290} = 0.213\%$ (AT 50.301%)
 Eng: MOVE, GO, CURRENT, phase, ☐ **5**
 化癥行血 transform stasis and move the blood
 單行 going alone
 天行赤目 heaven-current red eye
 五行 five phases
 時行頓喘 seasonal whooping cough
 經行不爽 ungratifying menstruation
 甚者獨行 severe conditions with single [medicinals]
- 肉 ròu** No. **111.** LGP frq: A (AT 98)
 $\frac{24}{11,290} = 0.213\%$ (AT 50.514%)
 Eng: FLESH, ☐ **2**
 胬肉攀睛 excrescence creeping over the eye
 鼻息肉 nasal polyp
- 二 èr** No. **112.** LGP frq: A (AT 99)
 $\frac{24}{11,290} = 0.213\%$ (AT 50.726%)
 Eng: TWO, SECOND, ☐ **3**
 腎開竅於二陰 kidney opens at the two yīn
 二陽 second yáng channel
 十二井穴 twelve well points
- 鼻 bí** No. **113.** LGP frq: A (AT 100)
 $\frac{23}{11,290} = 0.204\%$ (AT 50.930%)
 Eng: NOSE, NASAL ☐ **2**
 鼻苗 nasal vaccine
 鼻掀胸挺 flaring nostrils and outthrust chest
- 惡 è, wù, ě** No. **114.** LGP frq: A (AT 101)
 $\frac{23}{11,290} = 0.204\%$ (AT 51.134%)
 Eng: è MALIGN, ☐; wù AVERSE TO, ě NAUSEA, ☐ **4**
 七惡 seven malign signs
 中惡 malignity stroke

- 五臟所惡 aversions of the five viscera
肝惡風 liver is averse to wind
泛惡 upflow nausea
惡心 nausea
惡露 lochia
- 盛 shèng** No. 115. LGP frq: A (AT 102)
 $\frac{23}{11,290} = 0.204\%$ (AT 51.337%)
Eng: EXUBERANT, PLENITUDE, ☐ ☒ 3
心氣盛 exuberant heart qì
火盛刑金 exuberant fire tormenting metal
陽盛格陰 exuberant yáng repelling yīn
受盛之官 office of receiving plenitude
胃火熾盛 intense stomach fire
- 液 yè** No. 116. LGP frq: B (AT 103)
 $\frac{23}{11,290} = 0.204\%$ (AT 51.541%)
Eng: HUMOR, FLUID ☒ 2
大腸液虧 large intestinal humor depletion
涕爲肺液 snivel is the humor of the lung
亡津液 fluid collapse
- 門 mén** No. 117. LGP frq: A (AT 104)
 $\frac{23}{11,290} = 0.204\%$ (AT 51.745%)
Eng: GATE, ☐ ☒ 2
戶門 door gate
命門 life gate
幽門 dark gate; pylorus
- 和 hé** No. 118. LGP frq: A (AT 105)
 $\frac{23}{11,290} = 0.204\%$ (AT 51.949%)
Eng: HARMONY, GENTLE ☒ 1
口中和 harmony of mouth
肝氣不和 disharmony of liver qì
和肝 harmonise the liver
和法 harmonisation
溫和灸 gentle moxibustion
- 分 fēn** No. 119. LGP frq: A (AT 106)
 $\frac{23}{11,290} = 0.204\%$ (AT 52.152%)
Eng: DIVIDE, aspect ☒ 2
大分 major divide
分肉 divided flesh
分理 dividing interstices
氣分 qì aspect
衛分 defence aspect
- 藥 yào** No. 120. LGP frq: A (AT 107)
 $\frac{22}{11,290} = 0.195\%$ (AT 52.347%)
Eng: MEDICINAL/ATED, ☐ ☒ 2
中草藥 Chinese medicinals and herbal medicines
舟楫之藥 boat and oar medicinal
藥罐 medicated cupping
- 箍藥 wreathing
吹藥 insufflation
煎藥法 decoction
膏藥 plaster; medicinal paste
- 營 yíng** No. 121. LGP frq: A (AT 108)
 $\frac{22}{11,290} = 0.195\%$ (AT 52.542%)
Eng: construction ☒ 1
清氣涼營 clear qì and cool construction
營血 construction-blood
- 焦 jiāo** No. 122. LGP frq: C (AT 109)
 $\frac{22}{11,290} = 0.195\%$ (AT 52.737%)
Eng: BURN, SORCH ☒ 2
三焦 triple burner
肺熱葉焦 lung heat scorching the lobes
- 疔 gān** No. 123. LGP frq: N (AT 109)
 $\frac{22}{11,290} = 0.195\%$ (AT 52.932%)
Eng: gan ☒ 1
口疔 gan of the mouth; oral gan
獼猴疔 monkey gan
- 郁 yù** No. 124. LGP frq: N (AT 109)
 $\frac{22}{11,290} = 0.195\%$ (AT 53.127%)
Eng: DEPRESSED ☒ 1
木郁化火 depressed wood transforming into fire
氣郁 qì depression
- 灸 zhì** No. 125. LGP frq: N (AT 109)
 $\frac{22}{11,290} = 0.195\%$ (AT 53.322%)
Eng: MOXIBUSTION ☒ 1
自灸 natural moxibustion
直接灸 direct moxibustion
- 屬 shǔ** No. 126. LGP frq: B (AT 110)
 $\frac{21}{11,290} = 0.186\%$ (AT 53.508%)
Eng: ASCRIBED TO, ATTRIBUTED TO ☒ 2
皆屬於下 all reversal with constipation or diarrhoea is ascribed to the lower body
諸暴強直，皆屬於風 all fulminant rigidity is ascribed to wind
衰之以屬 weaken it according to its ascription
治求其屬 treatment demands [correct] attribution [of signs]
- 時 shí** No. 127. LGP frq: A (AT 111)
 $\frac{21}{11,290} = 0.186\%$ (AT 53.694%)
Eng: TIME, SEASON, WATCH ☒ 3
因時因地因人制宜 act according to time, place, and person
四時不正之氣 untimely seasonal qì
四時 four seasons

天行時疫 heaven-current seasonal epi-
demic

十二時 twelve watches

赤 chī No. 128. LGP frq: B (AT 112)

$\frac{21}{11,290} = 0.186\%$ (AT 53.880%)

Eng: RED, ☐ 2

天行赤目 heaven-current red eye

赤游丹 red wandering cinnabar

視赤如白 seeing red as white

風輪赤豆 wind-wheel rice bean

色 sè No. 129. LGP frq: A (AT 113)

$\frac{21}{11,290} = 0.186\%$ (AT 54.066%)

Eng: COLOR, COMPLEXION ☐ 2

五色 five colors

正色 right complexion

善色 benign complexion

耳 ěr No. 130. LGP frq: A (AT 114)

$\frac{21}{11,290} = 0.186\%$ (AT 54.252%)

Eng: EAR, ☐ 2

耳門 ear gate

耳垢 earwax

耳鳴 ringing in the ears; tinnitus

耳聾 deafness

方 fāng No. 131. LGP frq: A (AT 115)

$\frac{21}{11,290} = 0.186\%$ (AT 54.438%)

Eng: FORMULA, REMEDY, ☐

大方 major formula

時方派 post-antique formula school

經方 classical remedy

走方醫 itinerant healer

方上 wing of the nose

緩方 gentle formula

瘧 nüè No. 132. LGP frq: N (AT 115)

$\frac{20}{11,290} = 0.177\%$ (AT 54.615%)

Eng: MALARIA ☐ 1

牝瘧 female malaria

瘧邪 malarial evil

腑 fù No. 133. LGP frq: N (AT 115)

$\frac{20}{11,290} = 0.177\%$ (AT 54.792%)

Eng: bowel, organ ☐ 2

腑會 meeting place of the bowels

潔淨腑 cleanse the clean bowel

奇恆之腑 extraordinary organ

胸 xiōng No. 134. LGP frq: B (AT 116)

$\frac{20}{11,290} = 0.177\%$ (AT 54.969%)

Eng: CHEST ☐ 1

大結胸 major chest bind

胸悶 oppression in the chest

皆 jiē No. 135. LGP frq: C (AT 117)

$\frac{20}{11,290} = 0.177\%$ (AT 55.146%)

Eng: ALL, ☐ 2

諸風掉眩，皆屬於肝 all wind with shaking
and dizzy vision is ascribed to the liver

百病皆生於氣 the hundred diseases arise
out of qì

濁 zhuó No. 136. LGP frq: N (AT 117)

$\frac{19}{11,290} = 0.168\%$ (AT 55.314%)

Eng: TURBID ☐ 1

痰濁 phlegm turbidity

濁邪 turbid evil

瘀 yū No. 137. LGP frq: N (AT 117)

$\frac{19}{11,290} = 0.168\%$ (AT 55.483%)

Eng: STASIS ☐ 1

化瘀 transform stasis

瘀熱 stasis heat

黃 huáng No. 138. LGP frq: A (AT 118)

$\frac{19}{11,290} = 0.168\%$ (AT 55.651%)

Eng: YELLOW, JAUNDICE, ☐ 3

老黃苔 old yellow tongue fur

黃汗 yellow sweat

黃苔 yellow tongue fur

陽黃 yáng jaundice; yáng yellow

黃昏 dusk watch

黃仁 iris; yellow of the eye

眼 yǎn No. 139. LGP frq: A (AT 119)

$\frac{19}{11,290} = 0.168\%$ (AT 55.819%)

Eng: EYE, ☐ 2

口眼喎斜 deviated eyes and mouth

火眼 fire eye

白眼 white of the eye

針眼 sty

產 chǎn No. 140. LGP frq: A (AT 120)

$\frac{19}{11,290} = 0.168\%$ (AT 55.988%)

Eng: BIRTH, PARTUM, DELIVERY,
presentation ☐ 4

偏產 shoulder presentation

產后三沖 three postpartum surges

產門 birth gate

難產 difficult delivery

金 jīn No. 141. LGP frq: A (AT 121)

$\frac{19}{11,290} = 0.168\%$ (AT 56.156%)

Eng: METAL, ☐ 2

木火刑金 wood fire tormenting metal

金創 incised wound

培土生金 bank up earth to engender metal

腹 fù No. 142. LGP frq: C (AT 122)

$\frac{18}{11,290} = 0.159\%$ (AT 56.315%)
 Eng: ABDOMEN, BELLY, abdomen [4]
 小腹 smaller abdomen
 腹滿 abdominal fullness
 單腹鼓 simple abdominal drum
 蛇腹疔 snake's-belly clove sore
 胎死腹中 death *in utero*
傳 chuán No. 143. LGP frq: A (AT 123)
 $\frac{18}{11,290} = 0.159\%$ (AT 56.475%)
 Eng: PASS, SPREAD, CONVEY, [4]
 不傳 nonpassage
 赤脈傳睛 red vessels spreading across the eye
 越經傳 skipping channels
 傳導之官 office of conveyance
 傳變 shift
真 zhēn No. 144. LGP frq: A (AT 124)
 $\frac{18}{11,290} = 0.159\%$ (AT 56.634%)
 Eng: TRUE [1]
 真中風 true wind stroke
 真臟色 true visceral color
津 jīn No. 145. LGP frq: C (AT 125)
 $\frac{18}{11,290} = 0.159\%$ (AT 56.794%)
 Eng: LIQUID, FLUID [2]
 亡津液 collapse of liquid and humor; fluid collapse
 甘寒生津 engender liquid with cold and sweetness
 益氣生津 boost qì and engender liquid
皮 pí No. 146. LGP frq: A (AT 126)
 $\frac{18}{11,290} = 0.159\%$ (AT 56.953%)
 Eng: SKIN, CUTANEOUS, HIDE, BARK, [4]
 皮水 skin water
 皮膚針 cutaneous needle
 牛皮癬 oxbide lichen
 松皮癬 pine bark lichen
關 guān No. 147. LGP frq: A (AT 127)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.104%)
 Eng: PASS, BAR, GATE, JOINT, BLOCK [5]
 喉關 throat pass
 命關 life bar
 寸關尺 inch, bar, and cubit
 腎者胃之關 kidney is the gate of the stomach
 脾關 thigh joint
 關陰 blocked yīn
養 yǎng No. 148. LGP frq: A (AT 128)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.254%)

Eng: NOURISH [1]
 養血 nourish the blood
 養胃 nourish the stomach
腫 zhǒng No. 149. LGP frq: N (AT 128)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.405%)
 Eng: SWELLING, [2]
 水腫 water swelling
 胞臉腫核 phlegm node of the eyelid
 虛腫 vacuity swelling
無 wú No. 150. LGP frq: A (AT 129)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.555%)
 Eng: NO, NON-, WITHOUT, -LESS, BEREFT, [6]
 無毒 no toxicity
 無癰痕灸 nonscarring moxibustion
 但代無胃 regularly interrupted only, without stomach
 無灰酒 limeless wine
 脈無胃氣 pulse bereft of stomach qì
 熱無犯熱 avoid the mistake of using heat against heat
家 jiā No. 151. LGP frq: A (AT 130)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.706%)
 Eng: PERSON, PATIENT, PHYSICIAN, DO-MAIN [4]
 亡血家 person who suffers from blood collapse
 冒家 veiling patient
 四大家 four great physicians
 失精家 person who suffers from seminal loss
 胃家實 stomach domain repletion
服 fú No. 152. LGP frq: A (AT 131)
 $\frac{17}{11,290} = 0.151\%$ (AT 57.857%)
 Eng: TAKE, [2]
 平旦服 take at calm dawn
 頓服 quaff; take in a single dose
固 fù No. 153. LGP frq: B (AT 132)
 $\frac{17}{11,290} = 0.151\%$ (AT 58.007%)
 Eng: SECURE, STEM, CONSTIPATION [3]
 固精 secure essence
 下元不固 insecurity of the lower origin
 澀腸固脫 astringe the intestines and stem desertion
 固泄 constipation and diarrhoea
冲 chōng No. 154. LGP frq: A (AT 133)
 $\frac{17}{11,290} = 0.151\%$ (AT 58.158%)

Eng: THOROUGHFARE, SURGE, DRENCH

□ 4

冲脈 thoroughfare vessel

冲陽脈 surging yáng pulse

冲服 take drenched

七冲門 seven gates

如 rú No. 155. LGP frq: A (AT 134)

 $\frac{17}{11,290} = 0.151\%$ (AT 58.308%)

Eng: LIKE, AS, □ 3

下焦如瀆 lower burner is like a sluice

少腹如扇 lesser-abdominal draft

白如枯骨 white as dry bones

伏 fú No. 156. LGP frq: B (AT 135)

 $\frac{17}{11,290} = 0.151\%$ (AT 58.459%)

Eng: DEEP-LYING, HIDDEN, CROUCH, LA-TENT □ 4

熱伏冲任 deep-lying heat in the thoroughfare and controlling vessels

伏脈 hidden pulse

伏兔 crouching rabbit

伏氣溫病 latent qì warm disease

毛 máo No. 157. LGP frq: A (AT 136)

 $\frac{17}{11,290} = 0.151\%$ (AT 58.609%)

Eng: [BODY] HAIR, LASH, DOWN □ 3

三毛 three hairs

毛際 pubic hair region

其華在毛 lung, its bloom is in the [body] hair

睫毛 eyelash

毫毛 down

手 shǒu No. 158. LGP frq: A (AT 137)

 $\frac{17}{11,290} = 0.151\%$ (AT 58.760%)

Eng: HAND, (UPPER) EXTREMITY, ARM, □ 4

手太陽小腸經 hand greater yáng small intestine channel

手足厥冷 reversal cold of the extremities

三陰在手 yáng channels pass through the head, and yīn channels along the arms

下搭手 reachable sore of the lower back

六 liù No. 159. LGP frq: A (AT 138)

 $\frac{17}{11,290} = 0.151\%$ (AT 58.911%)

Eng: SIX □ 1

六合 six ways

六淫 six excesses

六極 six extremes

漏 lòu No. 160. LGP frq: C (AT 139)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.052%)

血瘀崩漏 blood stasis flooding and spotting

屋漏脈 leaking roof pulse

臍漏 umbilical fistula

眵漏 weeping canthus

診 zhěn No. 161. LGP frq: C (AT 140)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.194%)

Eng: EXAMINATION, □ 2

切診 palpation

四診 four examinations

色診 examination of the complexion

問診 inquiry

動 dòng No. 162. LGP frq: A (AT 141)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.336%)

Eng: STIR, MOVE, PULSATE □ 3

肝風內動 liver wind stirring internally

胎動 stirring foetus

動脈 stirred pulse

肝主運動 liver governs physical movement

十二經動脈 twelve pulsating vessels

流 liú No. 163. LGP frq: A (AT 142)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.477%)

Eng: FLOW, STREAM, □ 3

子午流注 stem and branch point selection; midday-midnight point selection

流火 fire flow

逆流挽舟 hauling the boat upstream

注 zhù No. 164. LGP frq: A (AT 143)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.619%)

Eng: POUR □ 1

濕熱下注 damp-heat pouring downward; downpour of damp-heat

流注 streaming sore

利 lì No. 165. LGP frq: A (AT 144)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.761%)

Eng: UNHIBITED, DISINHIBIT, DIARRHOEA □ 3

氣機不利 inhibited qì dynamic

利氣 disinherit qì

下利清谷 clear-food diarrhoea; clear-grain diarrhoea

因 yīn No. 166. LGP frq: A (AT 145)

 $\frac{16}{11,290} = 0.142\%$ (AT 59.903%)

Eng: CAUSE, □ 2

三因 three causes [of disease]

通因通用 treating the unstopped by unstopping

審證求因 assess the patterns and seek the

cause; seek the cause from patterns identified

因其衰而彰之 debilitation is treated by brightening

正 zhèng No. 167. LGP frq: A (AT 146)

$\frac{16}{11,290} = 0.142\%$ (AT 60.044%)

Eng: RIGHT, MEDIAL, REGULAR, JUSTICE,

□ [5]

正色 right complexion

正經 regular channel

正水 regular water

中正之官 office of justice

四時不正之氣 untimely seasonal qì

正骨 ulna; bone righting

失 shī No. 168. LGP frq: A (AT 147)

$\frac{16}{11,290} = 0.142\%$ (AT 60.186%)

Eng: LOSE, FAIL, IMPAIRED, -LESS, AB-, IN-

□ [6]

失音 loss of voice

封藏失職 storage failure

肺失清肅 impaired lung depuration; impaired pulmonary depuration

失神 spiritlessness

升降失常 abnormal upbearing and downbearing

小便失禁 urinary incontinence

睛 jīng No. 169. LGP frq: A (AT 148)

$\frac{15}{11,290} = 0.133\%$ (AT 60.319%)

Eng: EYE, canthus, □ [3]

睛肉攀睛 excrescence creeping over the eye

白睛 white of the eye

通睛 cross-eye

漏睛 weeping canthus

痿 wěi No. 170. LGP frq: N (AT 148)

$\frac{15}{11,290} = 0.133\%$ (AT 60.452%)

Eng: WILT, LIMP, □ [3]

皮毛痿 skin and [body] hair wilting

陽痿 impotence; yáng wilt

痿厥 wilting reversal

舌痿 limp tongue

極 jí No. 171. LGP frq: A (AT 149)

$\frac{15}{11,290} = 0.133\%$ (AT 60.585%)

Eng: EXTREME [1]

下極 lower extreme

六極 six extremes

四極 four extremities

熱極生寒 extreme cold engenders heat, extreme heat engenders cold

飲 yǐn No. 172. LGP frq: B (AT 150)

$\frac{15}{11,290} = 0.133\%$ (AT 60.717%)

Eng: DRINK, rheum [2]

飲子 drink

支飲 propping rheum

伏飲 deep-lying rheum

脹 zhàng No. 173. LGP frq: N (AT 150)

$\frac{15}{11,290} = 0.133\%$ (AT 60.850%)

Eng: DISTENTION [1]

水脹 water distention

氣脹 qì distention

鼓脹 drum distention

降 jiàng No. 174. LGP frq: B (AT 151)

$\frac{15}{11,290} = 0.133\%$ (AT 60.983%)

Eng: BEAR DOWNWARD [1]

甘辛無降 no sour or salty [medicinals] bear upward, no sweet or acrid [medicinals] bear downward

胃主降濁 stomach governs downbearing of the turbid

降逆下氣 downbear counterflow and precipitate qì

重 zhòng No. 175. LGP frq: A (AT 152)

$\frac{15}{11,290} = 0.133\%$ (AT 61.116%)

Eng: zhòng HEAVY, WEIGHTED, □; chóng DOUBLE [4]

頭重 heavy-headedness

聲重 heavy voice

重陽 weighted yáng

重身 pregnancy

重感 double contraction

重舌 double tongue

明 míng No. 176. LGP frq: A (AT 153)

$\frac{15}{11,290} = 0.133\%$ (AT 61.249%)

Eng: BRIGHT, LIGHT [2]

明堂 bright hall

精明之府 house of bright essence

心主神明 heart governs the spirit light

吐 tù No. 177. LGP frq: B (AT 154)

$\frac{15}{11,290} = 0.133\%$ (AT 61.382%)

Eng: VOMITING, EJECT, EXHALE, PROTRUDE [4]

嘔吐 vomiting

湧吐 eject; ejection

吐故納新 exhale the old and inhale the new

吐舌 protrusion of the tongue

土 tǔ No. 178. LGP frq: A (AT 155)

$\frac{15}{11,290} = 0.133\%$ (AT 61.515%)

Eng: EARTH 1
 土不制水 earth failing to dam water
 木克土 wood restrains earth; wood overwhelming earth
 火不生土 fire failing to engender earth
八 bā No. 179. LGP frq: A (AT 156)
 $\frac{15}{11,290} = 0.133\%$ (AT 61.647%)
 Eng: EIGHT 1
 八溪 eight ravines
 八廓 eight ramparts
入 rù No. 180. LGP frq: A (AT 157)
 $\frac{15}{11,290} = 0.133\%$ (AT 61.780%)
 Eng: ENTER, IN, 3
 五入 five entries
 日入 sundown watch
 由表入里 pass from the exterior into the interior
 吸入 inhale
 睫毛倒入 ingrown eyelash
 熱入心包 heat entering the pericardium
祛 qū No. 181. LGP frq: N (AT 157)
 $\frac{14}{11,290} = 0.124\%$ (AT 61.904%)
 Eng: DISPEL 1
 扶正祛邪 support right and dispel evil
 祛痰 dispel phlegm
藏 cáng No. 182. LGP frq: A (AT 158)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.028%)
 Eng: STORE 1
 心藏神 heart stores the spirit
 脾藏營 spleen stores construction
 傳化物而不藏 convey and transform, but do not store
膽 dǎn No. 183. LGP frq: B (AT 159)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.152%)
 Eng: GALLBLADDER 1
 膽主決斷 gallbladder governs decision
衛 wèi No. 184. LGP frq: A (AT 160)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.276%)
 Eng: DEFENCE 1
 衛氣 defence qì
滯 zhì No. 185. LGP frq: N (AT 160)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.400%)
 Eng: STAGNATION, STUCK, 3
 氣滯 qì stagnation
 食滯 food stagnation
 滯針 stuck needle
 胃納呆滯 torpid stomach intake
喘 chuǎn No. 186. LGP frq: C (AT 161)

$\frac{14}{11,290} = 0.124\%$ (AT 62.524%)
 Eng: PANTING 1
 喘促 hasty panting
 虛喘 vacuity panting
勝 shèng No. 187. LGP frq: A (AT 162)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.648%)
 Eng: PREVAIL, RESTRAIN, RETALIATE, 4
 風勝則動 prevalence of wind gives rise to stirring
 所勝 restrained
 勝氣 retaliatory qì
陷 xiàn No. 188. LGP frq: B (AT 163)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.772%)
 Eng: FALL, DEPRESSED 2
 中氣下陷 center qì fall
 三陷證 three inward fall patterns
 虛陷 vacuity fall
 凶陷 depressed fontanel
透 tòu No. 189. LGP frq: A (AT 164)
 $\frac{14}{11,290} = 0.124\%$ (AT 62.896%)
 Eng: OUTTHRUST, THROUGH, PENETRATE, JOIN 4
 透邪 outthrust evils
 泄衛透熱 discharge defence and outthrust heat
 透關射甲 extension of visible veins through all the bars through to the nail
 透天涼 heaven-penetrating cooling method
 透針 joining
 透經 channel-joining method
苔 tāi No. 190. LGP frq: N (AT 164)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.020%)
 Eng: FUR 1
 白苔 white tongue fur
 剝苔 peeling fur
急 jí No. 191. LGP frq: A (AT 165)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.144%)
 Eng: URGENT, EMERGENCY, ACUTE, TENSE, HYPERTONICITY, DISTRESS, RAPID, CRISIS 7
 急方 urgent formula
 里急后重 tenesmus; abdominal urgency and rectal heaviness
 急下存津 emergency precipitation to preserve liquid
 急黃 acute jaundice
 急驚風 acute fright wind

- 少腹急結 tense lesser-abdominal bind
 兩脅拘急 hypertonicity of both rib-sides
 心下急 distress below the heart
 喘急 rapid panting
 產后三急 three postpartum crises
谷 gǔ No. 192. LGP frq: B (AT 166)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.268%)
 Eng: GRAIN, FOOD, 口; VALLEY 4
 下利清谷 clear-food diarrhoea, clear-grain diarrhoea
 五谷 five grains
 合谷刺 valley union needling
 胃熱殺谷 stomach heat with rapid digestion
冷 lěng No. 193. LGP frq: A (AT 167)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.392%)
 Eng: COLD 1
 手足逆冷 counterflow cold of the extremities
 冷汗 cold sweating
 冷痢 cold dysentery
石 shí No. 194. LGP frq: A (AT 168)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.516%)
 Eng: STONE 1
 冬石 stonelike in winter
 石疽 stone flat-abscess
 石癭 stone goiter
平 píng No. 195. LGP frq: A (AT 169)
 $\frac{14}{11,290} = 0.124\%$ (AT 63.640%)
 Eng: CALM, NORMAL 1
 平脈 calm pulse
 消痰平喘 disperse phlegm and calm panting
 平人 normal individual
暴 bào No. 196. LGP frq: B (AT 170)
 $\frac{13}{11,290} = 0.115\%$ (AT 63.756%)
 Eng: FULMINANT, SUDDEN 2
 暴注 fulminant pouring
 暴盲 sudden blindness
節 jié No. 197. LGP frq: A (AT 171)
 $\frac{13}{11,290} = 0.115\%$ (AT 63.871%)
 Eng: JOINT, SOLAR TERM, REGULATE, 口 4
 本節 base joint; knuckle
 歷節 joint-running wind
 節氣 solar term
 肺主治節 lung governs management and regulation
煩 fán No. 198. LGP frq: B (AT 172)
 $\frac{13}{11,290} = 0.115\%$ (AT 63.986%)
 Eng: VEXATION 1
 心煩 vexation; heart vexation
 煩躁 vexation and agitation
滋 zī No. 199. LGP frq: C (AT 173)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.101%)
 Eng: ENRICH 1
 滋陰 enrich yin
帶 dài No. 200. LGP frq: A (AT 174)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.216%)
 Eng: GIRDLE, vaginal discharge, 口 3
 火帶瘡 fire-girdle sore
 赤白帶 red and white vaginal discharge
 帶脈 girdling vessel
 帶下醫 women's doctor
偏 piān No. 201. LGP frq: B (AT 175)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.331%)
 Eng: HEMI(LATERAL), OFF-CENTER, half-body, 口 4
 偏風 hemilateral wind; half-body wind
 偏癱 hemiplegia
 偏口 off-center mouth-level ju
 五味偏嗜 flavor predilection
 偏產 shoulder presentation
 腎火偏亢 hyperactive kidney fire
息 xī No. 202. LGP frq: A (AT 176)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.446%)
 Eng: BREATHE, RESPIRATION, 口 3
 息粗 rough breathing
 太息 great respiration
 間以太息 intermittent great respiration; intermittent sighing
背 bèi No. 203. LGP frq: A (AT 177)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.562%)
 Eng: BACK 1
 背 back
 蛇背疔 snake's-back clove sore
 發背 effusion of the back
所 suǒ No. 204. LGP frq: A (AT 178)
 $\frac{13}{11,290} = 0.115\%$ (AT 64.677%)
 Eng: PLACE, STORE 2; relative pronoun
 賣藥所 medicine store
 宗脈所聚 gathering place of the ancestral vessels
 日晡所 late afternoon watch
 五味所入 five-flavor entry
 五臟所主 governings of the five viscera

味 wèi No. 205. LGP frq: A (AT 179)

$\frac{13}{11,290} = 0.115\%$ (AT 64.792%)

Eng: FLAVOR, SMELL [2]

五味 five flavors

性味 nature and flavor

嗅氣味 smell odors

同 tóng No. 206. LGP frq: A (AT 180)

$\frac{13}{11,290} = 0.115\%$ (AT 64.907%)

Eng: SAME, LIKE, DUAL, [4]

肝腎同源 liver and kidney are of the same source

津血同源 liquid and blood are of the same source

異病同治 like treatment of unlike disease

衛氣同病 dual disease of defence and qì

木 mù No. 207. LGP frq: A (AT 181)

$\frac{13}{11,290} = 0.115\%$ (AT 65.022%)

Eng: WOOD [1]

木舌 wooden tongue

水不涵木 water failing to moisten wood

人 rén No. 208. LGP frq: A (AT 182)

$\frac{13}{11,290} = 0.115\%$ (AT 65.137%)

Eng: PERSON, HUMAN, MAN, [4]

因時因地因人制宜 act according to time, place, and person

人中 human center; philtrum

人中疔 human-center clove sore

人迎 man's prognosis; ren-ying

婦人 woman

人定 serenity watch

人痘接種法 pox inoculation

人癩 hermaphrodisism

驚 jīng No. 209. LGP frq: A (AT 183)

$\frac{12}{11,290} = 0.106\%$ (AT 65.244%)

Eng: FRIGHT [1]

驚者平之 fright is treated by calming

驚風 fright wind

驚悸 fright palpitations

障 zhàng No. 210. LGP frq: C (AT 184)

$\frac{12}{11,290} = 0.106\%$ (AT 65.350%)

Eng: OBSTRUCTION [1]

內障 internal obstruction

外障 external obstruction

聚星障 clustered-stars obstruction

禁 jìn No. 211. LGP frq: A (AT 185)

$\frac{12}{11,290} = 0.106\%$ (AT 65.456%)

Eng: CONTRAINDICATION, CONTINENCE,

SECRET [3]

五禁 five contraindications

小便不禁 urinary incontinence

禁方 secret formula

會 huì No. 212. LGP frq: A (AT 186)

$\frac{12}{11,290} = 0.106\%$ (AT 65.562%)

Eng: MEETING, [2]

八會穴 eight meeting points

腑會 meeting place of the bowels

會厭 epiglottis

損 sǔn No. 213. LGP frq: C (AT 187)

$\frac{12}{11,290} = 0.106\%$ (AT 65.669%)

Eng: DETRIMENT, REDUCE, [3]

七損八益 sevenfold reduction and eightfold boost

陰損及陽 detriment to yīn affects yáng

沖任損傷 damage to the thoroughfare and controlling vessels

痞 pǐ No. 214. LGP frq: N (AT 187)

$\frac{12}{11,290} = 0.106\%$ (AT 65.775%)

Eng: GLOMUS [1]

心下痞 glomus below the heart

痞滿 glomus and fullness

疏 shū No. 215. LGP frq: C (AT 188)

$\frac{12}{11,290} = 0.106\%$ (AT 65.881%)

Eng: COURSE, RELAXED, [4]

疏肝 course the liver

疏表 course the exterior

乍疏乍數 now relaxed, now rapid; abruptly fluctuating pace

淋 lín No. 216. LGP frq: C (AT 189)

$\frac{12}{11,290} = 0.106\%$ (AT 65.988%)

Eng: STRANGURY, DRIBBLE [2]

五淋 five stranguries

血淋 blood strangury

小便淋瀝 dribbling urination

益 yì No. 217. LGP frq: B (AT 190)

$\frac{12}{11,290} = 0.106\%$ (AT 66.094%)

Eng: BOOST [1]

益火之原以消陰翳 boost the source of fire to disperse the shroud of yīn

益胃 boost the stomach

補益 supplement (and boost); supplementation (and boosting)

海 hǎi No. 218. LGP frq: A (AT 191)

$\frac{12}{11,290} = 0.106\%$ (AT 66.200%)

Eng: SEA [1]

四海 four seas

- 冲爲血海 thoroughfare vessel is the sea of blood
 髓海 sea of marrow
便 biàn No. 219. LGP frq: A (AT 192)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.306%)
 Eng: STOOL, biàn, □ 4
 臟毒便血 visceral toxin bloody stool
 小便不禁 urinary incontinence
 便毒 biàn toxin [sore]
 導便 enema
 濕毒便血 damp toxin bloody stool
兩 liǎng No. 220. LGP frq: A (AT 193)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.413%)
 Eng: TWO, DUAL, DOUBLE 3
 兩陽合明 united brightness of two yáng
 心脾兩虛 dual vacuity of the heart and spleen; heart-spleen vacuity
 兩感 double contraction
先 xiān No. 221. LGP frq: A (AT 194)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.519%)
 Eng: FIRST, ADVANCED, EARLY 3
 先攻后補 first attack, then supplement; attack followed by supplementation
 月經先期 advanced menstruation
 腎主先天 kidney governs earlier heaven
月 yuè No. 222. LGP frq: A (AT 195)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.625%)
 Eng: MONTH, MENSTRUATION 2
 并月 bimonthly menstruation
 不月 absence of menses
 月經不調 menstrual irregularities; menstrual disorder
元 yuán No. 223. LGP frq: A (AT 196)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.732%)
 Eng: ORIGIN 1
 下元不固 insecurity of the lower origin
 元氣 original qì
丹 dān No. 224. LGP frq: B (AT 197)
 $\frac{12}{11,290} = 0.106\%$ (AT 66.838%)
 Eng: CINNABAR, ELIXIR, □ 3
 丹 elixir n.
 丹田 cinnabar field
 火丹 fire cinnabar; erysipelas
 赤游丹 red wandering cinnabar
 纏腰火丹 girdling fire cinnabar
癇 xián No. 225. LGP frq: N (AT 197)
 $\frac{11}{11,290} = 0.097\%$ (AT 66.935%)
 Eng: EPILEPSY 1
 子癇 epilepsy of pregnancy
 陽癇 yáng epilepsy
 驚癇 fright epilepsy
痧 shā No. 226. LGP frq: N (AT 197)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.033%)
 Eng: SAND 1
 風痧 wind sand
 痧脹 sand distention
癬 xiǎn No. 227. LGP frq: N (AT 197)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.130%)
 Eng: LICHEN 1
 牛皮癬 oxbhide lichen
 吹花癬 blown blossom lichen
 蛇皮癬 snakeskin lichen
蟲 chóng No. 228. LGP frq: A (AT 198)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.228%)
 Eng: WORM, INSECT 2
 寸白蟲 inch whiteworm
 殺蟲 kill worms
 蟲獸傷 animal and insect wounds
滿 mǎn No. 229. LGP frq: A (AT 199)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.325%)
 Eng: FULL 1
 中滿 center fullness
 軟堅除滿 soften hardness and eliminate fullness
 腹滿 abdominal fullness
感 gǎn No. 230. LGP frq: A (AT 200)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.422%)
 Eng: CONTRACT, □ 2
 外感 external contraction
 重感 double contraction
 感暑 summerheat contraction
 新感溫病 new contraction warm disease
瘥 jìng No. 231. LGP frq: N (AT 200)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.520%)
 Eng: TETANY 1
 柔瘥 soft tetany
 解瘥 resolve tetany
理 lǐ No. 232. LGP frq: A (AT 201)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.617%)
 Eng: RECTIFY, interstice 2
 分理 dividing interstices
 疏肝理氣 course the liver and rectify qì
 理氣 rectify qì
 腠理 interstices
強 qiáng No. 233. LGP frq: A (AT 202)
 $\frac{11}{11,290} = 0.097\%$ (AT 67.715%)

Eng: *qiáng* STRENGTHEN; *jiàng* STIFF, RIGID [3]

舌強 stiff tongue

項強 stiff neck

強中 rigid center

苦 kǔ No. 234. LGP frq: A (AT 203)

$\frac{11}{11,290} = 0.097\%$ (AT 67.812%)

Eng: BITTER, [2]

苦入心 bitterness enters the heart

苦寒泄熱 discharge heat with cold and bitterness

胸脅苦滿 fullness in the chest and rib-side; bitter fullness in the chest and rib-side

疫 yì No. 235. LGP frq: C (AT 204)

$\frac{11}{11,290} = 0.097\%$ (AT 67.910%)

Eng: EPIDEMIC [1]

疫咳 epidemic cough

疫疔 epidemic clove sore

府 fǔ No. 236. LGP frq: A (AT 205)

$\frac{11}{11,290} = 0.097\%$ (AT 68.007%)

Eng: HOUSE, MANSION [2]

元府 origin house; origin mansion

玄府 mysterious house

腎之府 house of the kidney

傳化之府 house of conveyance and transformation

精明之府 house of bright essence

官 guān No. 237. LGP frq: A (AT 206)

$\frac{11}{11,290} = 0.097\%$ (AT 68.105%)

Eng: OFFICIAL [1]

倉廩之官 office of the granaries

其 qí No. 238. LGP frq: A (AT 207)

$\frac{11}{11,290} = 0.097\%$ (AT 68.202%)

Eng: its, their, the, []

肺... 其華在毛 lung... its bloom is in the [body] hair

脾主爲胃行其津液 spleen governs movement of stomach liquid

辛 xīn No. 239. LGP frq: A (AT 208)

$\frac{11}{11,290} = 0.097\%$ (AT 68.299%)

Eng: ACRID [1]

辛入肺 acridity enters the lung

辛涼解表 cool acrid exterior resolution

甘 gān No. 240. LGP frq: A (AT 209)

$\frac{11}{11,290} = 0.097\%$ (AT 68.397%)

Eng: SWEET, [2]

甘入脾 sweetness enters the spleen

甘瀾水 worked water

$\frac{11}{11,290} = 0.097\%$ (AT 68.494%)

Eng: ENVELOP, WRAP, NULL [3]

心包絡 pericardium; pericardiac network [vessel]

寒包火 cold enveloping fire

出 chū No. 242. LGP frq: A (AT 211)

$\frac{11}{11,290} = 0.097\%$ (AT 68.592%)

Eng: ISSUE, EXIT, [3]

下焦主出 lower burner governs exit

清陽出上竅 clear yáng issues through the upper orifices

日出 sunrise watch

以 yǐ No. 243. LGP frq: A (AT 212)

$\frac{11}{11,290} = 0.097\%$ (AT 68.689%)

Eng: through, with, (in order) to, according to,

以左治右 treat the right through the left

以痛爲俞 pain indicates the point

形不足者溫之以氣 insufficiency of the physical body is warmed with qì

益火之原以消陰翳 boost the source of fire to disperse the shroud of yīn

衰之以屬 weaken it according to its ascription

引 yǐn No. 244. LGP frq: A (AT 213)

$\frac{11}{11,290} = 0.097\%$ (AT 68.787%)

Eng: DRAW, EXTRACT, CONDUCT, TAUT, [5]

其下者引而竭之 draw out and exhaust what is low

引針 needle extraction

引經報使 channel conduction

寒則收引 cold causes contracture and tautness

引火歸原 return fire to its source

反 fǎn No. 245. LGP frq: A (AT 214)

$\frac{11}{11,290} = 0.097\%$ (AT 68.884%)

Eng: CLASH, PARADOXICAL, [3]

相反 clashing

反治 paradoxical treatment

反胃 stomach reflux

胃反 stomach reflux

角弓反張 arched-back rigidity

升 shēng No. 246. LGP frq: A (AT 215)

$\frac{11}{11,290} = 0.097\%$ (AT 68.981%)

Eng: BEAR UPWARD, UP, [2]

升降浮沉 upbearing, downbearing, floating, and sinking; bearing

升提中氣 upraise center qì
 升劑 upbearing formula
 脾氣主升 spleen qì governs upbearing
九 jiǔ No. **247**. LGP frq: A (AT 216)
 $\frac{11}{11,290} = 0.097\%$ (AT 69.079%)
 Eng: NINE [1]
 九刺 nine needling methods
 九種心痛 nine types of heart pain
七 qī No. **248**. LGP frq: A (AT 217)
 $\frac{11}{11,290} = 0.097\%$ (AT 69.176%)
 Eng: SEVEN [1]
 七方 seven formula types
 七情 seven relations; seven affects
轉 zhuǎn No. **249**. LGP frq: A (AT 218)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.265%)
 Eng: TWIRL, ROTATE, SPIN, shift, [5]
 捻轉補瀉 twirling supplementation and drainage
 轉針 needle rotation
 轉丸脈 spinning pill pulse
 轉胞 shifted bladder
 轉筋 cramp
 透營轉氣 outthrust construction heat through qì
積 jī No. **250**. LGP frq: A (AT 219)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.353%)
 Eng: ACCUMULATE [1]
 五積 five accumulations
 食積 food accumulation
導 dǎo No. **251**. LGP frq: A (AT 220)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.442%)
 Eng: ABDUCT, CONDUCT, [3]
 消食導滯 disperse food and abduct stagnation; abductive dispersion of food stagnation
 消導 abductive dispersion
 導引 conduction
 導法 enema
調 tiáo No. **252**. LGP frq: A (AT 221)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.531%)
 Eng: REGULATE, HARMONIZE [2]
 調和肝胃 harmonise the liver and stomach

調和肝脾 harmonise the liver and spleen
瘤 liú No. **253**. LGP frq: N (AT 221)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.619%)
 Eng: TUMOR [1]
 肉瘤 flesh tumor
 脂瘤 fatty tumor
 渣瘤 bean curd dregs tumor
潤 rùn No. **254**. LGP frq: C (AT 222)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.708%)
 Eng: MOIST(EN) [1]
 甘寒滋潤 enrich and moisten with cold and sweetness
 苔潤 moist tongue fur
膀 páng No. **255**. LGP frq: B (AT 223)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.796%)
 Eng: BLADDER [1]
 膀胱咳 bladder cough
廓 kuò No. **256**. LGP frq: N (AT 223)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.885%)
 Eng: RAMPART [1]
 八廓 eight ramparts
鼓 gǔ No. **257**. LGP frq: B (AT 224)
 $\frac{10}{11,290} = 0.089\%$ (AT 69.973%)
 Eng: DRUM [1]
 血鼓 blood drum
 蜘蛛鼓 spider drum
斑 bān No. **258**. LGP frq: C (AT 225)
 $\frac{10}{11,290} = 0.089\%$ (AT 70.062%)
 Eng: MACULE [1]
 化斑 transform macules
 斑疹 maculopapular eruption
 蟲斑 worm macule
閉 bì No. **259**. LGP frq: B (AT 226)
 $\frac{10}{11,290} = 0.089\%$ (AT 70.151%)
 Eng: BLOCK, [2]
痔 zhì No. **260**. LGP frq: N (AT 226)
 $\frac{10}{11,290} = 0.089\%$ (AT 70.239%)
 Eng: HEMORRHOIDS, PILE [2]
 鼻痔 nose pile
 翻花痔 everted flower hemorrhoids
 鎖肛痔 anus-stopping hemorrhoids

GLOSSARY OF TERMS

Terms marked with a star denote concepts specifically defined in the context of this dissertation.

* (asterisk) placed before a word or expression indicates that the word or expression is untested or unacceptable (e.g. *白年膩舌苔 *bái nián nì shé tāi*).

active verb ⇒ VERB.

addition The inclusion in the TL of an element not contained in the SL. For example, if 口苦 *kǒu kǔ*, lit. ‘mouth bitter’, is translated as *bitter taste in the mouth*, the *taste* is an insertion.

anisomorphism A mismatch between a pair of languages due to their semantic, grammatical, and cultural differences. This leads to a relative absence of direct, one-to-one translation equivalents (Hartmann and James 1998).

back-translation Translation of a TL text back into the original source language, as a test of how accurate the TL translation is.

bilingualism The alternate use of two languages. Many definitions of bilingualism have been proposed (see, for example, Romaine 1989/1995), but in the context of the cross-cultural transmission of knowledge, a bilingual is any person who has access to specialty information in another language. Bilinguals are the principal link between the SL and TL in the interlingual transmission of knowledge.

borrowing 1. A term-formation method by which a word is transferred from one lan-

guage to another. In the present study, borrowed are referred to as *loans* or *loan-words*. 2. In a broader definition, as applied in the present study, the term includes LOAN-TRANSLATION. 3. Any form that has been borrowed, especially a *loan*.

calque (from French *calque*, to trace) ⇒ LOAN-TRANSLATION.

***character-word** The minimum unit of meaning in Chinese, consisting of a monosyllable represented in writing by a single character.

classical Chinese The written form of OLD CHINESE, as represented by writings of Confucius, Mencius, and other thinkers.

concept The basic notion which a term is designed to express (Hartmann and James 1998); any unit of thought (ISO 1987).

conflate To translate two or more different SL terms with a single TL term, usually resulting in the loss of any conceptual distinction they imply.

content word Also called *contentive*. A word that has a stateable lexical meaning, as opposed to a *functional word* or *grammatical word*. Likewise, a *content morpheme* is a morpheme with a stateable lexical meaning.

cultural equivalent A term denoting a concept specific to the SL culture used as an equivalent for a term denoting a concept specific to the TL culture, e.g., *energy* as the equivalent

GLOSSARY OF TERMS

culture-specific term Also *culture-bound term*. A term denoting a concept that is found in one culture, but not in others, e.g., *yīn* and *yáng*.

definition Verbal description of a concept, permitting its differentiation from other concepts within a system of concepts (ISO 1987).

deletion The nonrepresentation in the TL of any word or morpheme contained in the SL.

epithet A word or short phrase used to characterise an object, e.g., blood is the *mother of qi*.

★equivalent A word or expression in the TL whose meaning corresponds to a word or expression in the SL. Words rarely have true equivalents in any other language, so that *equivalent* is at best a rough semantic match. In LSP, words chosen to consistently represent SL terms may be called equivalents. ⇒ CULTURAL EQUIVALENT, LGP EQUIVALENT, LOAN-TRANSLATION, BORROWING, INDEPENDENT FORMATION.

★expansion A lengthening of a word, term, or phrase; the opposite of abbreviation. In Western languages, *expansion* usually refers to the writing of abbreviations in their full standard form. In the present study, the term is used to denote the process observed in Chinese whereby an idea is reexpressed in more words or morphemes in a later stage of the language, as, for example, when a red facial complexion described in the *Nèijīng* as 面赤 *miàn chì*, red face in later literature is reexpressed as 面色紅赤 *miàn sè hóng chì*, red facial complexion.

functional equivalent A term denoting a concept specific to the TL culture or body of knowledge used as the equivalent of a term denoting a similar but not identical concept specific to the TL culture or body of knowledge. Functional equivalent includes the narrower notion of CULTURAL EQUIVALENT.

tionary or word-list, which is the topic of that entry.

language for general purposes (LGP) Also called *general language*. The ordinary everyday language shared by all speakers of a language community in contrast to LANGUAGE FOR SPECIAL PURPOSES (LSP).

language for special purposes (LSP) A variety of a given language understood in contrast to LANGUAGE FOR GENERAL PURPOSES (LGP), used by members of a group involved in a specific activity (trade, profession, discipline, etc.), and characterised primarily by special terms (words not used in the LGP, or used differently than in the LGP).

LGP ⇒ LANGUAGE FOR GENERAL PURPOSES.

LGP equivalent A TL term used in the LSP in the same sense as in the LGP, just as the SL term for which it is the chosen equivalent, e.g., *heart* as the LGP equivalent of 心 *xīn*.

lit. Literally. Introduces a strictly literal or semantic meaning of a term.

literary Chinese Any form of written Chinese based on classical models and reflecting developments in the spoken language, yet presenting unique characteristics present in neither the classical language nor any contemporary spoken form (e.g., the tendency to express ideas in four character phrases).

loan A word or expression borrowed from a foreign language. Also called LOAN-WORD. ⇒ BORROWING.

loan-word ⇒ LOAN.

loan-translation Also called *calque*. A type of translation where the morpheme constituents of the SL word or phrase are each translated into equivalent morphemes in the TL, e.g., German *Keil* wedge, *Bein* bone = Latin *os sphenoideum* sphenoid bone.

LSP-bound term Any term whose use is generally confined to language for special purposes and not used by noninitiates, e.g., *atherosclerosis* in Western medicine or 風痹 *fēng bì*, wind impediment, in Chinese medicine.

meaning The relationship between words or phrases and the objects or ideas which they designate (Hartmann and James 1998). **referential meaning (denotative meaning)** is the relationship between language and objects (entities, processes, events, states). The denotative meaning is the content of the term. Different referential meanings of a word are often called **senses**. Since LSP uses LPG lexical material to form terms, it is often useful to distinguish between **LGP sense** (e.g., *bridge* as an architectural structure) and **LSP sense** (e.g., *bridge* as in dentistry). The **lexical meaning** of a term is the meaning of a word in contrast to its grammatical meaning. **Literal meaning** is the primary meaning, in contrast to any **extended meaning** (notably including **metaphorical meaning**). Literal meaning also includes **etymological sense(s)**, i.e., senses known or assumed to have existed in the past. Finally, there is **connotative meaning**, which, in my usage in the LSP context, includes technical content or implications of the concept. The term connotative meaning also includes affective and attitudinal meaning. In the realm of terminology, connotative meaning is normally of little concern, but if it is taken to include *familiarity/unfamiliarity* and *technicality/nontechnicality* (compare the affective connotations of the referentially exact synonyms *skin* and *cutis* in Western medicine), then this matter may be of concern to us in the translation of LSP terminology.

metaphor The application of words used in one domain to name or describe an entity or phenomenon in a different domain. Different forms of metaphor may be distinguished:-
★formal metaphor: Metaphor representing a concept by its formal aspects, e.g., *mitral*

representing a concept by its functional aspects, e.g., *muscular trochlea*. **★systematic metaphor:** Metaphor in multiple terms denoting interrelated concepts drawn from corresponding expressions in the source domain that are similarly interrelated, e.g., *malleus* (hammer) and *incus* (anvil) in modern anatomical terminology. **★empty metaphor:** Metaphor whose source domain contributes minimally to the understanding of the concept, e.g., *atrium*. **★naming metaphor:** A metaphor used to provide a name for an object. **★descriptive metaphor:** Metaphor used to describe the qualities of an object rather than to name it, e.g., 浮 *fú*, floating, in pulse description. Descriptive metaphor also includes simile (e.g., 白如枯骨 *bái rú kū gǔ*, white as dry bones) and metaphorical epithets (e.g., 氣爲血之帥 *qì wéi xuè zhī shuài*, qì is the commander of the blood).

Using the terminology of Newmark (1995: 85), the **object** of metaphor is the item described by it. The **sense** of metaphor is what particular aspects of the object and the image are similar. The **image** of a metaphor is the item in terms of which the object is described.

Metaphor can be contrasted with **direct** or nonmetaphorical description. **★transfer of metaphor**, also referred to as **★replication**, is the reproduction of metaphor in the TL. **normalisation of metaphor** (as used by Newmark) is the translation of a metaphor with a direct expression in the TL. In Chinese, metaphorical uses of characters are normalised by the addition of a new signific. For example, 府 *fǔ*, a term denoting a class of organs, literally means an official residence or office. The literal meaning is disguised by the addition of the flesh signific (腑), in which 府 *fǔ* is easily construed as merely representing a sound.

metonymy The naming of a whole by one of its parts or a class by one of its members, e.g., 水穀 *shuǐ gǔ*, 'grain and water' denoting food in general.

object **1.** In grammar, a person or thing to which an action is directed. **2.** In terminology, a material entity, a process, an event, or a state. **3.** The item described by a metaphor (Newmark 1995: 85).

Old Chinese The Chinese language from the end of the Spring and Autumn Period (770–476 B.C.) to the end of the Hàn Dynasty (220 A.D.). ⇒ CLASSICAL CHINESE.

Old English The language of the Anglo-Saxons up to around 1150, a highly inflected language with mostly Germanic vocabulary.

★**pegging** The explicit linking (of terms in the TL to terms in the SL). For a system of concepts to be expressed in the TL as in the SL, all TL terms should be pegged to terms in the SL. ⇒ POLYEQUIVALENCE.

phonetic attrition Reduction in the total number of sounds in a language. A steep reduction in the number of sounds in Old Chinese caused an increase in compounding.

Pīnyīn Also *Hànyǔ Pīnyīn* (漢語拼音). The system of Romanisation of Chinese devised in the People's Republic of China, which has now been adopted by world media and has more recently started to replace the Wade-Giles system in sinology. Note that the term is broader in meaning in Chinese, describing any phonetic script (拼音文字 *pīn yīn wén zì*) and in particular any Romanisation of Chinese.

polyequivalence The existence of multiple equivalents in one language for words, terms, or phrases in another language. In terminological translation, the need to ensure TRANSPARENCY of SL terms in the TL terms requires that polyequivalence be kept to a minimum. ⇒ PEGGING.

Pǔtōnghuà lit. 'ordinary speech'. Also called *Mandarin* (originally denoting the language spoken by mandarins, or government officials). The dialect of Northern and Western

franca of China, largely taking the specific dialect of Běijīng as its model.

semantic equivalent An equivalent formed by semantic translation. ⇒ TRANSLATION.

sense One of several meanings of a word, term, or phrase. **primary sense:** The main sense or senses of a word or term, in contrast to extended senses. **extended sense:** A nonprimary sense. *cup* as a measuring cup is an extended sense of *cup* as a medium-size vessel used especially for drinking hot beverages. It also includes *metaphorical sense*. **metaphorical sense:** A sense in which a word or phrase is used metaphorically. ⇒ METAPHOR. **LGP sense:** A primary or extended sense of a word or phrase in the LGP. **LSP sense:** A sense that a word or phrase has only in an LSP. ★**motivating sense:** The primary or extended sense in which a word or phrase was chosen as an LSP term. ⇒ MEANING.

signific The part of a Chinese character that indicates its domain of signification. For example, the fire signific 火 (or its variant 灬) is included in many characters that have to do with fire, heat, or heating e.g., 灸 *jiǔ* moxibustion, 熱 *rè* heat, 蒸 *zhēng* steam. Significs were traditionally the primary level for the arrangement of characters in dictionaries.

simile A figure of speech comparing two essential unlike things, usually introduced by *like* or *as*. *Simile* is included in the wider sense of METAPHOR.

SL ⇒ SOURCE LANGUAGE.

★**source-independent formation** **1.** The formation of an LSP term in one language that is not influenced by the lexical form or lexical meaning of a term in another language. **2.** Any term thus formed.

source language (SL) The language out of which a text or term has been translated or is to be translated.

source-oriented translation ⇒ TRANSLA-

stative verb ⇒ VERB.

target ⇒ METAPHOR; TARGET LANGUAGE.

target language (TL) The language into which a text or term has been translated or is to be translated.

target-oriented translation ⇒ TRANSLATION.

term A word, phrase, or alphanumeric symbol used by the practitioners of a specialised technical subject to designate a concept (Hartmann and James 1998); a word or phrase used to designate a concept (ISO 1987). In general, any expression used in a definite, precise sense. *Term* differs from *word* in that it excludes, for example, grammatical words.

term formation The process by which one or more lexical items becomes a TERM. Terms are formed by terminologisation (use of an LGP expression to denote an LSP concept), compounding, and derivation, etc. Primary term formation results from the appearance of new concepts in any field; secondary term formation occurs as a result of a) monolingual revision of a given terminology or b) in the transfer of knowledge to another linguistic community, a process which requires the creation of new terms in the target language (Sager 1998a).

terminography Terminological lexicography.

★**terminological rigor** The extent to which accuracy, unequivocality, etc., are achieved.

terminology **1.** A field concerned with the theory and practice of coining, documenting, and explaining technical terms in general and their use in particular fields of specialisation (Hartmann and James 1998). **2.** The entire vocabulary representing the technical concepts of a given field.

term translation The initial act of deeming an ★EQUIVALENT for a term.

token An instance of a graphic word occurring in a corpus. ⇒ TYPE.

type The individual examples of different words or combination of words occurring in a given corpus. For example, the term 補血涼血 *bǔ xuè liáng xuè*, which consists of four character TOKENS, has only three character types 補、血、涼 *bǔ、xuè、liáng*. ⇒ TOKEN.

translation The restatement of the written or spoken forms of one language by those of another. **source-oriented** ~: Any form of translation that tends to be literal. In the present study, source-orientation in the translation of terminology denotes specifically an approach to translation based on LGP equivalents, loan-translations, and loans, in contrast to formation of TL terms independently of the form and literal meaning of the SL terms.

terminological ~: The act of establishing equivalents in the TL for terms in the SL, in subject fields and disciplines being transmitted from one language community to another. Several approaches to terminological translation can be distinguished: **target-oriented** ~: Any form of translation that tends not to be literal. **word-for-word** ~: Translating each (content) word (or morpheme). In my usage, it does not necessarily entail adherence to the word-order of the original. **literal** ~: Translating each word with a TL word of similar literal meaning to the SL word. **semantic** ~: Translating LGP terms with LGP equivalents and LSP terms by loan-translation that reflects the motivating sense of the elements (⇒ SENSE). It is only in reflecting the motivating sense that semantic translation differs from strictly literal translation. For example, the Chinese 腰 *yāo* literally means both 'waist' and 'lumbus'. In semantic translation, the motivating sense must be chosen: 腰如繩束 *yāo rú shéng shù*, waist as if girthed with rope; 腰酸 *yāo suān*, aching lumbus.

transparency Clear reflection in the target language (TL) term of the meaning of the source

GLOSSARY OF TERMS

translators to remember terms, and may be one of the main reasons for source-orientation in terminological translation.

unit of translation (UT) The smallest segment of an SL text which can be translated, as a whole, in isolation from other segments. It normally ranges from the word through the collocation to the clause (Newmark 1988: 285).

universal A concept common to mankind in most places and at most times. ‘Sun’, ‘moon’, ‘rain’, ‘earth’, for example, are concepts that most human beings share, and for which most languages have words. In the body, ‘blood’, ‘head’, ‘nose’, ‘eye,’ etc., are universals.

verb In Indo-European languages a verb is a

word most commonly signifying, but not necessarily, signifying action, that is inflected according to person, tense, mood, or aspect (for a much more precise definition, see Lyons 1977: chapter 11). In Chinese, verbs are not fully distinguished from adjectives in that they can be used predicatively or attributively, without morphological distinction, and hence they are referred to more accurately as *active verbs* and *stative verbs*. In modern Chinese, active and stative verbs obey different reduplicating patterns (e.g., 比較比較 *bǐ jiǎo bǐ jiǎo*; 干干淨淨 *gān gān jìng jìng*) and are often distinguished from active verbs in predicative sentences by the addition of a copulative verb and adjectivalising particles. However, in many cases the distinction remains blurred.